REPORT

Final Report

Case Studies of the PMI Local Demonstration Site Projects: Experiences During Transition and Implementation

To

Centers for Disease Control and Prevention

255 East Paces Ferry Road, NE

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FINAL REPORT

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CASE STUDIES OF THE PMI LOCAL DEMONSTRATION SITE PROJECTS: EXPERIENCES DURING TRANSITION AND IMPLEMENTATION

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Statement of the Problem

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In 1993, the Office of HIV/AIDS of the Centers for Disease Control and Prevention (CDC) inaugurated a demonstration of social marketing entitled the Prevention Markcting Initiative (PMI). PMI melded social marketing techniques with elements of behavioral science and community participation, a synthesis conveyed by the term "prevention marketing." Initially, the scope of PMI was both national and local, with three major components: (1) national health communications, (2) prevention collaborative partners, and (3) local demonstration sites. This study is concerned with the third of these components.

The five local demonstration sites were Nashville, Tennessee; Newark, New Jersey: Northern Virginia: Phoenix, Arizona; and Sacramento, California. They served as a "laboratory" for the first application of prevention marketing to plan and implement HIV/STD prevention programs for young people 25 years of age and under. Participants in the local demonstration sites were therefore pioneering a new approach to address a major public health problem in their communities. The five-year project ended in September 1998.

Battelle Ccntcrs for Public Health Research and Evaluation (CPHRE) was asked to conduct two case studies of PMI. The first case study was completed in 1996 as the sites had completed the design of their interventions and were preparing for their implementation. This report represents the findings from the **second case** study, **completed** in 1998 as the funding period was coming to an end. The purpose of this case study is to describe the experiences of the project participants during the latter phases of the project, both at the local and national levels. and to provide lessons learned from these experiences that can inform future prevention marketing initiatives. This information will also bc used to provide context for the other evaluation efforts being conducted for PMI. Thcsc include evaluations of the outcomes of site-based skills-building workshops. and the community-wide level of exposure to media messages.

Evaluative Objectives

The case study had two major objectives: (1) describe changes in organizational structures and processes that have occurred since the first case study was completed in 1996, and (2) document cxpcrienccs within the major components of PMI during the past two years. These components include: social marketing, community collaboration (including media relations), behavioral science, youth participation, technical assistance, intervention implementation, sustainability planning, and implementation of the sustainability plan. To meet these objectives, seven research questions guided the collection and analysis of the qualitative data. These are:

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- What are the structural features of the PMI demonstration sites and how have they changed since 1996?
- What has been the role of community collaboration at PMI sites during the transition to implementation and implementation phases of the PMI process?
- How was technical assistance delivered, perceived, and utilized?
- How are youth incorporated into PMI activities including intervention implementation and evaluation'?
- What has been the process and outcome of implementing the PM1 interventions?
- How will the structure, process and/or interventions be sustained once the demonstration project is completed?
- What is the national perspective of the PMI process and its outcomes, and how does the perspective of national partners compare with that voiced by participants in PMI demonstration sites?

As the case study was being conducted, the experience of PMI with evaluation was incorporated into the list of topics.

Methodology

The case study utilized a qualitative approach in order to elicit the experiences and recommendations of participants in the PMI process regarding each of these topics. The data sources used to address the research questions included: (I) interviews with site-based PMI staff, volunteers, and implementation partners, (2) observations of meetings or activities, (3) interviews with national partners, (4) a review of sire-based documents; and (5) final reports for the case study completed in 1996.

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A two-person field team visited each site. Interviews were conducted with a total of 64 people across the five sites, and another 10 interviews were conducted with national partners. Interview notes were typed into electronic files. Audio tapes were used to fill gaps in the notes or to clarify and resolve discrepancies between the notes of the field team members. All typed, rcvicwed, and revised notes were entered into the qualitative data analysis software, NUD*IST®. A codebook was developed for use in coding the interview transcripts. All coded data were analyzed by site. by respondent type across sites, and by the topical areas guiding the study. The data collected and analyzed during the project were then used to create a thematic database. case summaries, and this report, which represents an integrated summary of findings across all sites.

Major Findings

The major findings for this case study are briefly summarized following the same structure provided in the remainder of the report: (1) organization of the PMI sites, (2) implementation of the interventions, (3) evaluation of the interventions, and (4) sustainability of program elements.

Organization of the PMI sites. The demonstration sites in the PM1 project moved through three major phases: (1) planning. (2) transition to implementation, and (3) implementation. At each of these phases, the sites were organized to accomplish particular functions. Key structural elements that remained consistent throughout the project included a lead agency, an advisory committee, an on-site staff, a youth committee, and technical assistance providers. However, the roles changed as sites prepared for and entered the implementation phase. These changes were accompanied by a significant turnover of both organizations and individuals involved with PMI. New structural elements were also added in the form of implementation partners and evaluation coordinators. Sites also expcrimcntcd with soliciting community volunteers to supplement the advisory committees for specific tasks or issues. Examples include establishing a community review board (based on nominations from a Health Department Community Standards Board) and forming a subcommittee to review and select a curriculum.

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The most significant changes included a change in lead agency at all five sites due to an imperfect fit between the objectives of the PMI sites and those of the lead agencies as PMI moved into the implementation phase. Sites moved from agencies comfortable with planning to agencies better able to accommodate them in their new role in managing the implementation of the interventions. Another important change concerned the role of the advisory committees, which changed from one of active planning to one of project oversight. PMI began to attract fewer volunteers from AIDS-related organizations during its last phase, and attempted to counter this by broadening its base to include more community leaders, representatives of the target population, and organizations with access to youth that could help to deliver the program. Several sites struggled to define an appropriate and clear role for the advisory committee and as a result experienced a decline in attendance and interest.

Also of significance. the role of the national partners in providing technical assistance changed with implementation of interventions. Assistance became more informal in nature and was aimed more at staff than at advisory committee members than during the previous phases. Examples of technical assistance provided during this phase included contract and fiscal oversight or management, help with identifying, selecting, and modifying the interventions, and collaboration on evaluation.

Finally, perhaps one of the most significant changes was the establishment of contracts with (1) implementation partners responsible for implementing the intervention components, and (2) evaluation coordinators to evaluate the interventions. This added a whole new level of staff and relationships and involved many new organizations and individuals that had not previously been involved with PMI.

Implementation of the interventions. During the planning and transition phases, each of the five PMI demonstration sites identified a target audience and developed behavioral objectives for its interventions. To reach the chosen audience and achieve the behavioral objectives. each site developed multiple intervention components. One aspect of the intervention implementation that was seen as extremely successful by respondents was the way that the different components of their programs worked together and complemented each other.

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One of the components was required to be intensive and in-depth, which meant that it had to provide an intervention with evidence of behavior change to enough youth to make evaluation possible. All sites selected a skills-building workshop curriculum as the intensive component – the He *Proud! Be Responsible!*[1] curriculum. One site used the curriculum as originally designed while the others modified it to fit their target audicncc. One site's modifications included the development of parent workshops to supplement and complement the teen workshops.

The other intervention component(s) could be either intensive or broad reaching, depending on each site's implementation plan. All sites planned a media campaign to reach large numbers of the target population. Campaign components varied from radio spots to Nashville's unique radio soap opera. Other campaign elements included ads for the sides of city buses, posters, buttons, stickers, temporary tattoos, pencils, handbills, condom packets, T-shirts, key chains, movie theater ads, and PSAs on a local cable TV access channel.

An outreach component supplemented the workshop and media components. Two sites – Phoenix and Sacramento – had extensive outreach components. **where specially trained youth conducted outreach at health fairs, concerts, raves, and** in coordination with local radio stations. Other sites conducted outreach on a more *ad hoc* basis, attending health fairs and making presentations when opportunities arose, or instructing workshop participants to deliver prevention messages to their friends.

In addition to the outreach, workshops, and media components, some sites developed promotional activities and linkage strategies. For example, Northern Virginia PMI sponsored a poetry-writing and poster contest based on the theme of HIV prevention. In order to submit an entry into the contest, teens were required to have participated in the PMI workshops. Sacramento PMI developed a 1-800 information line that provided automated information with voice prompts that directed teens and parents to separate lines within the system, and gave teens information about workshops.

Evaluation of the interventions. The evaluation of the Prcvcntion Marketing Initiative (PMI) interventions consisted of several parts. These included: (I) a community-based telephone interview in the Sacramento site to assess the reach and impact of the program; (2) a workshop evaluation to assess its effectiveness for participants; (3) this case study and an outline of steps in the PMI process called the "Program Indicators;" and (4) a variety of formal and informal evaluations undertaken by sites themselves.

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The community-based outcomes study was a random digit dialing telephone survey of teenagers completed in one of the communities. Two of the PMI sites were not included in the design due to the young age of their target population – under the age of fifteen – and two sites were later dropped when difficulties were encountered reaching sufficient numbers of teens. The survey asked teens about their personal sexual and risk behavior; their knowledge and attitudes about condoms. abstincncc, HIV/AIDS, pregnancy, and other sexually transmitted diseases (STDs); and their awareness of, and the effects of exposure to, the PMI interventions in the site. The results from Sacramento provide convincing evidence that exposure to the campaign through multiple channels was associated with the desired behavior **change,** namely an increase in condom use with main partners among sexually active teens. A further, encouraging finding was that by the end of the campaign, more than 60 percent of teens in the target area were exposed through multiple channels. This finding supports the perception of case study interview respondents that each of the components strengthens the others and that the whole is of more value than any one of the components separately.

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[1] Jemmott, LS, Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible! New* York: Select Media. 1994.

The workshop evaluation was a randomized, controlled trial assessing the effectiveness of the workshop intervention in changing teen behavior. Outcome data from the workshop evaluation will be used to determine whether PMI procedures (which tailored "standard techniques") could reasonably be expected to have an impact on preventing HIV infection in young populations. The workshop evaluation examined the effectiveness of the various curriculum adaptations by asking questions designed to assess a number of variables, including understanding of the workshop messages, future intentions with respect to risk behaviors, refusal skills in dealing with sexual situations, and behavior change itself. A late start to this evaluation component coupled with a range of logistical difficulties created serious challenges for sites.

Examples of site-based evaluation efforts included feedback mechanisms for workshop facilitators and workshop host organizations, satisfaction surveys completed by workshop participants, and youth opinion polls. Various monitoring activities were also conducted to make sure that radio spots were aired as planned. that workshop scripts were followed. and to document the marketing materials distributed at various venues. One site analyzed the relationship between radio spots and calls to the information line.

Sustainability of program elements. Respondents had varying interpretations of the term "sustainability." Five overlapping levels of sustainability were inferred from their responses: program institutionalization. capacity building (agency focus). capacity building (community focus), technology transfer, and knowledge dissemination. At the time of this case study, the level of sustainability anticipated by the five demonstration sites spanned the entire spectrum.

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At a minimum, respondents said that PMI built capacity among participants, both individuals and organizations, in prevention marketing. In addition, some sites had concrete plans to place intervention components in other organizations, thus sustaining at least some portions of the interventions themselves. Staff members in two of the sites were poised to offer technical assistance and expertise in developing new prevention marketing programs in their communities and states. These arc the two sites that were also able to raise sufficient funds to continue all components of PMI. In one of these sites. PMI continues as its own program, and in the other PMI is being incorporated into a county agency.

Beyond the sites themselves, the experience of PMI merits sustaining and refining the prevention marketing model in public health theory and practice. Sustainability through knowledge diffusion will result from dissemination of the lessons learned from PMI.

Lessons Learned and Recommendations

The participants in PMI knew and were excited by the fact that they were breaking new ground and applying new and creative approaches to some very real problems that concerned them. The successes they experienced and the challenges they faced provide an opportunity for learning and for sharing these lessons with all those connected to PMI and to related efforts. From these lessons, and from specific recommendations offered by respondents, we conclude by offering recommendations for other community-based public health prevention efforts, particularly prevention marketing and participatory planning efforts. These recommendations address organizing the project. designing and implementing interventions, evaluating the program. and sustaining the program.

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Organizing the project. The recommendations provided here relate to the organization and conceptualization of the project.

- *Plan for the life cycle when organizing the initiative.* The organizational needs change over time and many of these can be anticipated and planned for.
- *Hire sufficient staff with varying expertise.* An experienced site director needs to be supported by a team with expertise in project development, workshop facilitation, community clevelopmcnt, management or administration, youth involvement, evaluation. outreach, fund raising and public relations.
- *Carefully define "community" so that it has real meuning in terms of social relations and social/political institutions.* A clear definition of "community" would guide the composition of the planning and advisory committees and would serve to focus the definition of the target audience and the limits of the geographic area for the intcrvcntions.
- *Nurture and support the volunteers* to keep them involved and engaged by providing training and resources, having well organized and enjoyable meetings, and attending to individual needs.
- *Find mechanisms for accommodating turnover of volunteers.* Turnover results from the length and the changing needs of the project. Recommendations for allowing members to exit and new ones to enter include incorporating a nomination process into a set of by-laws that contains a rotation scheme for membership. New members need to bc thoroughly briefed on the PMI process.
- *Involve members of, or appropriate representatives of, the target audience.* For PMI the primary mechanism was the youth committees. A separate youth committee worked better than simply having individual teens attend advisory committee meetings.
- *Have levels of youth participation.* This may mean focusing first on an older group that can contribute actively to PMI and help recruit and train younger teens, thus sustaining the group over the long term as the teens age and move on.
- *Reconceptualize the phases of PMI.* If PMI is to continue to have a five-year funding cycle, it should consist of the following three phases: planning (two years), implementation (two years), and sustainability planning (one year). Evaluation should be integrated throughout the life of the project.

Designing and implementing interventions. Creating, launching, refining, and maintaining an intervention targeted to the prevention of HIV infection among young people was the central reason for PMI's existence. These recommendations represent key insights from this process.

- *Keep the process evidence-based.* Reliance on research findings and solid data increases community support, keeps volunteers and staff focused, and reduces friction.
- *Keep the information loop strong.* As new community members and implementation partners are brought on board, find creative ways to train them in the social marketing and behavioral science theories and methods that guided the choices made in the site. This pays off in the cooperation of partners.
- *Structure technical assistance to provide options and menus for sites to select from.* It is easier to select and modify than to create interventions from scratch.
- *Find ways of keeping inputfrom the target audience fresh.* Active members of the group arc likely to become socialized to prevention marketing norms. Therefore,

strategies are needed for providing fresh input. such as pulling together a second youth group, or rotating test messages through several different high schools.

- ***Encourage*** *communication* ***across*** *sites.* PMI participants enjoyed opportunities to communicate with their colleagues in other sites. More opportunities IO meet in person would be welcomed, especially by youth.
- *Link the intervention components so that they are one* ***identifiable*** *whole.* Qualitative responses and early findings from outcome studies demonstrate that linking each component of the intervention with the others serves to reinforce the message. For PMI, the sum is definitely greater than its parts.
- *Balance caution with determination.* PMI enjoyed some notable successes in the kinds of community linkages it was able to forge during implementation. Staff and community members receded from bold media coverage of the program, but worked methodically and carefully to make the project known within the community.
- *Don't forget parents.* Parent workshops were considered very successful and necessary to reinforcing the message of PMI. Furthermore, it allowed parents to feel secure in their ability to communicate with their teenagers about difficult issues. This may have contributed to the lack of community resistance to PMI.
- *Spend time getting to know the implementation partners.* Implementation partners often did not feel they were fully part of the project or did not demonstrate a strong knowledge of PMI. This can be remedied by greater personal interest in the agency.
- *Be* ***realistic*** *about logistics.* Implemcntin g a workshop was time-consuming and involved complicated arrangements. Good planning in advance reduces friction.
- *Make sure media partners understand the* ***PMI philosophy*** *and goals.* Experts typically bring their own vision and methods to a project, which are not necessarily consistent with those of PMI. Media interventions worked particularly well when ad agencies and other partners worked collaboratively with PMI participants.
- *Update information when necessary.* PMI sites worked hard to conduct formative research and baseline assessments. Over a five-year project, some of this material becomes dated.
- *Allow* ***sufficient time for*** *implementation* during the funding period. This will increase the likelihood of long-term sustainability.

Evaluating the program. Evaluation was one of the most difficult aspects of PMI. The difficulties were not unique to this effort, hut they were exacerbated by the brief time available for carrying out a rigorous design.

- *Train community members on the advantages of evaluation.* This does not mean teaching community members to be evaluators but to reinforcing the importance of having data to both improve the program and to advocate for additional resources.
- ***Plan for*** *evaluation from the beginning.* A late start with the evaluation created logistic challenges for the sites and was seen as a weakness by some implementation partners. The late start was due, in turn. to a late start of interventions. as well as common delays associated with clearances, and pre-testing and piloting instruments. It is likely that implementation partners, as well as other PMI participants. need to be more. fully apprised of the complexities associated with evaluation.

Pretest evaluation instruments for future audiences. Many complaints were voiced about the length and difficulty of the evaluation instruments. Although instruments were prc-tested and revised, this step should be revisited in future projects using the PMI workshop component.

Have adequate funds for evaluation. Low pay and high turnover among the evaluation coordinators was a challenge. Recommendations include linking with a local university or research firm to conduct evaluations or seeking evaluation expertise in one of the full-time, permanent PMI staff positions.

- *Allow for flexibility in evaluation.* Ideally, the evaluation should allow for the intervention to change based on feedback. In the future, this maxim may be incorporated in different ways without compromising the rigor of evaluation. For example, periodic decision points could be set when changes could be made to the intervention, and these could be closely tied to specific evaluation measures.

Don't put all your evaluation eggs in one basket. Incorporate different types of evaluation at different times in the project, and for different components. For example, blend monitoring activities with outcotnc evaluations and process studies to improve involvement of community members, and to improve implementation of interventions.

Consider the effects of design decisions on evaluation. Selection of a dispersed target audience or a small geographic area limited efforts to do community-wide outcomes studies. Only at one site – Sacramento – was an outcome study possible where, using many zip codes, researchers were able to develop a large enough sample size.

Sustaining the program. A program may be sustained in many ways, from institutionalizing the program as a whole to simply disseminating the knowledge gained in the program. These recommendations should help a site to institutionalize its program as well as to help build capacity. transfer technology and disseminate knowledge.

- *Follow the timefine.* If programs are launched by the beginning of the third year and data arc collected throughout the project, and analyzed in waves, then sites should be comfortably positioned for applying for funds.
- *Develop an excellent reputation in the community – and beyond.* Build supporters and advocates through community outreach activities, well-thought out and positioned media picccs, and through the overall quality of the program.

Think about what can be shared with others – either pro bona or for a fee. Whi lesome skills or information could be used to generate income, they may be most valuable as a way of demonstrating PMI's value to the community.

For a period of five years, five communities participated in the Prevention Marketing Initintivc. successfully demonstrating that the integration of the three components – community participation, social marketing, and behavioral science – can result in a well-received multifaceted intervention. While the goal of PMI to sustain itself in the absence of federal funding has met with only partial success, the legacy of PM1 continues in other ways through increased capacity for prevention planning and through knowledge dissemination. PMI has played a significant role in fostering the development of community participation in public health prevention programs and in creating a national dialogue to support further developments in this area. We concur with the belief shared by many respondents that this model is one that can bc

replicated, with modifications, for new communities and for other types of public health promotion efforts that involve community members.

Chapter 1.0
Overview of the Project

1.0 Overview of the Project

1.1 Background and Purpose

In 1993, the Office of HIV/AIDS of the Centers for Disease Control and Prevention (CDC) inaugurated a demonstration of social marketing entitled the Prevention Marketing Initiative (PMI). PMJ represents a large-scale social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other sexually transmitted diseases (STDs) among young people 25 years of age and under, The PMI approach melded social marketing techniques with elements of behavioral science and community participation in planning and implementing HIV/STD prevention programs for young people.

PMI was both national and local in scope. It consisted of three components. which were: (I) national health communications, (2) prevention collaborative partners, and (3) local demonstration sites. This study is concerned with the third and largest of these components. The five local demonstration sites were Nashville, Tennessee; Newark, New Jersey; Northern Virginia; Phoenix, Arizona; and Sacramento, California. The demonstration sites served as a "laboratory" for the first application of prevention marketing in order to:

- Demonstrate the prevention marketing process, including the skills and resources needed to effectively engage the community,
- Measure the behavioral effects of data-based prevention marketing interventions, and
- Document the lessons learned.

CDC chose the term *preventionmarketing* to convey the combination of community participation and social marketing that had been signified by the term *participatory social marketing* in the earliest days of the project. While the two terms are nearly interchangeable. we will use the term prevention marketing. The local PMI sites demonstrated prevention marketing by working with the PMI national partners to design an HJV prevention intervention based on sound social marketing and behavioral science principles. while including true community participation. This was a new process and those engaged in it were pioneering a unique approach to the prevention of HIV transmission among young people.

Through following the prevention marketing process, each site used the resources of its community to develop programs designed to meet the needs of its priority target population. Local demonstration sites considered intervention components that had been shown to bc effective under rigorous evaluation criteria, with each site tailoring intervention components to fit its target audience and prevention objectives. Because sites chose multi-faceted interventions, combining reach (using social marketing techniques) with intensity (delivered through workshops and outreach components). each site's implementation of its intervention as a whole was unique.

The Prevention Marketing Initiative was conceived as a five-year project. During its first year, each site needed to build its infrastructure through hiring staff and building voluntary participation among key community organizations and individuals. It was found that this process needed to be revisited in each of the sites, most commonly in the third year. Sites also received intensive technical assistance (TA) from one of the national partners, the Academy for Educational Development (AED) and its partner, Porter/Novelli. During the first year, the focus of TA was upon developing organizational structures, establishing procedures for managing potential resistance to prevention programs, and building community participation.

In the second year, demonstration sites received TA in conducting formative research, a critical step in social marketing. It included an assessment of local needs and resources, and through focus groups and other community research such as community environment and epidcmiological profiles, helped define target audiences and behavioral objectives. Sites also developed an issues management plan to formalize procedures for averting or managing community resistance. Some of the plans called for the development of community networks, or supporters of PMI who were recognized leaders in their communities.

In the third and fourth years, sites chose interventions to reduce levels of selected risk behaviors among identified target audiences, adapted programs to their local needs, and planned for their implcmcntation. At this time, much of the technical assistance was handed over to the sites, but AED continued to provide technical and managerial support through the end of the fifth year. During the fifth year, sites focused on implementing their PMI intcrvcntions, evaluating them, and planning for the sustainability of interventions.

1.2 Scope and Purpose of the Study

Case studies have been a key component of a program assessment of the PMI Local Demonstration Sites Project. In 1995, Battelle Centers for Public Health Research and Evaluation

(CPHRE) undertook a multiple site case study of PMI. which was completed in late 1996.' The result of that case study was an integrative report consisting of five individual case studies and ii cross-site analysis. The field work for this study was conducted by Battelle research scientists as sites finished their intervention plans and began the "transition to implcmcntation" phase. (See Table 1.1 for a summary of the phases of the PMI process.) Data for the previous study were collected on (1) the manner in which sites were organized and types of decisions that were made when organizing each site; (2) the manner in which technical activities were carried out and the types of technical assistance (TA) needed to accomplish these activities; (3) youth involvement; (4) community collaboration; and (5) capacity building. Interviews and documents provided a rich history of planning for a prevention marketing intervention targeted to young people, and of the dynamics involved in preparing to finalize plans and turn them into a real product.

Table 1.1 Overview of the PMI Phases

Planning	First of three periods within the PMI process, which included such activities as organizing the local community, conducting rcscarch on the community, selecting a target audicncc. developing an issues management plan, and conducting further rcscarch on the target audicncc.
Transition to Implementation	During this second period within the PMI process, demonstration sites reorganized staff and committee structures in order to facilitate the implcmcntation of the Prcvcntion Marketing Plan.
Implementation	Last of the three periods within the PMI process, during which the demonstration sites implemented and evaluated the prevention marketing activities.

The current case study provides a description of the PMI process throughout the transition and implementation phases with the purpose of developing lessons learned that can bc applied to similar efforts in the future. The current case study differs from the 1996 study in that it is framed as a single case study with seven units of analysis. The units are the five demonstration sites (Nashville, TN: Newark, NJ; Northern Virginia; Phoenix, AZ; and Sacramento, CA), and two of the national partners (the Academy for Educational Development and the Centers for Disease Control and Prevention). The data collection instruments used in the previous case study were modified for this one in order to provide a national focus. document changes that occurred in the sites since 1996, and highlight program experiences with intervention implementation.

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1 Hare. ML, Roussel, AE, Mitchell, KR, Orians, C, Goodman, KJ. *Case Studies of the Prevention Marketing Initiative (PMI) Local Site Demonstration Projects: Experiences during Planning and Transition Phases.* Report by Battelle Centers for Public Health Research and Evaluation (CPHRE) to the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) under Contract 200-93-0626, Task 15. November 1, 1996.

The purpose of the current case study is to describe program participant experiences during the last two years of the project, covering the time in which interventions were launched and fully implemented and sites engaged in planning for long-term sustainability. This qualitative information complements the previous case study of the planning for implementation. It also contextualizes the findings of quantitative evaluation efforts: evaluations of outcomes of site-based skills-building workshops in all sites, and a survey of the community-wide level of exposure to media messages in Sacramento.

1.2.1 Study Goal and Objectives

The case study examines the implcmcntation of PMI from a national perspective through the experiences of participants in each of the demonstration sites, as well as those responsible for overseeing the project, supporting it, and providing technical assistance (TA). The *goal* of the case study is to develop lessons about barriers to and facilitators of prevention marketing and intervention implementation. These lessons can then inform policymakers at CDC, prevention marketing groups in other cities, and collaborative service planning efforts to address other public health problems.

The goal is met through the following *objectives:*

- Describe changes in organizational structures and processes that have occurred since the first case study was completed in 1996.
- Document experiences within the major components of PMI during the past two years. These components include: social marketing, community collaboration (including media relations), behavioral science, youth participation, technical assistance, intervention implementation, sustainability planning, and implcmcntation of the sustainability plan.

1.2.2 Research Questions and Study Topics

The study was guided by a set of research questions designed to meet its objectives. Each research question is accompanied by a series of study topics as shown in Table I .2 below. Many topics are germane to more than one research question. In order to elucidate this relationship, a code accompanies each research question, and where a study topic clearly overlaps categories, the code of the other research question appears in parentheses next to that study topic.

Table 1.2 Study Topics by Research Question

What arc the structural features of the PMI Demonstration Sites and how have they changed since 1996? (*STR*)
I Lcngrh and type of affiliation with PMI for each respondent (COL)
■ Changes in roles of the staff in PMI since 1996
■ Level of involvement of volunteers and positions held in PMI since 1996 (COL)
■ Changes in positions/responsibilities of volunteers since 1996 (COL)
■ Changes in role of the committees in PMI process (COL)
■ Role of the lead agency in PMI over time
■ Fit or compatibility of PMI with other lead agency activities (COL)
■ Relationships between PMI, lead agency and other agency programs (COL)
▪ Impact of PMI on lead agency including benefits and costs
■ Recommendations for similar agencies considering prevention marketing *(All questions)*
How **was technical assistance delivered, perceived utilized? *(TA)***
■ Comments on technical assistance and other national support
■ Satisfaction with and usefulness of technical assistance received
▪ View of the utility of social marketing *(INT)*
■ View of the utility of behavioral science *(INT)*
▪ Application of social marketing and behavioral science principles to design and manage HIV prevention interventions. *(COL, INT, SUS)*
▪ Successes and lessons learned with PMI behavioral science *(INT, SUS)*
■ Succcsscs and lessons learned with PMI social marketing *(INT, SUS)*
How are youth incorporated into PMI activities including intervention implementation and evaluation? *(YTH)*
■ Type and length of experience of youth representative with PMI (STR)
▪ Satisfaction with PMI activities in which youth representatives have participated
▪ Satisfaction with and level of involvement of youth representative in PMI decision-making
▪ What youth representative Icarncd from participation in PMI
▪ Satisfaction with and usefulness of technical assistance received from the youth perspective *(TA)*
▪ Opportunities PMI made possible for youth representatives
▪ Recommendations for recruitment of and involvement of youth in PMI intervention implementation
▪ Understanding of the importance of evaluation of PMI by youth representatives *(TA, INT)*
▪ Adult's view of the utility of the involvement of youth
▪ Facilitators and barriers of good relationships between youth and adults linked to PMI activities or involvement
▪ Successes and lessons learned with youth involvement
▪ Rccommcndations regarding future youth involvement in PMI

What has been the role of community collaboration at PMI sites during the transition to implementation and implementation phases of the PMI process (including sustainability efforts)? *(COL)*

- History of community and CBO participation in PMI
- Impact of PMI on collaborations with HIV prevention groups *(SUS)*
- Impact of PMI on capacity building for HIV prevention in the community *(SUS)*
- Effectiveness of PMI for building for HIV prevention in the community *(SUS)*
- Successes and lessons learned collaborating with other agencies/community representatives
- Facilitators and barriers to community and CBO participation

What has been the process and outcome of implementing the PMI interventions? *(INT)*

- Type of involvement in PMI intervention component implementation and evaluation
- General experience with collaborating with PMI as an implementation partner *(COL)*
- Satisfaction with PMI evaluation efforts
- Innovativeness of PMI intervention
- Satisfaction of intervention implementation partners with amount of structure provided by PMI *(STR)*
- Strategies and challenges of youth recruitment for the intervention *(YTH)*
- Influence of involvement in PMI on other program activities conducted by intervention implementation partners *(COL)*
- Value of, and challenges to, implementation partners in participating in PMI evaluation
- Successes and lessons learned with PMI intervention implementation
- Successes and lessons learned with PMI evaluation

How will the PMI structure, process and/or interventions be sustained once the demonstration project is completed? *(SUS)*

- Projections for PMI sustainability locally (COL)
- Plans to sustain or revise the intervention component *(INT)*
- Recommendations regarding the local future of PMI and prevention marketing (COL)

What is the national perspective of the PMI process and its outcomes, and how does the perspective of national partners compare with that voiced by participants in PMI demonstration sites? *(NAT)*

- The natural history of PMI *(All questions)*
- Inputs necessary for members of community-based groups to apply social marketing and behavioral science principles to design and manage HIV prevention interventions. *(TA, INT)*
- Successes and lessons learned while providing technical assistance in the science base and project administration and management to PMI sites *(TA)*
- Site-specific successes and lessons learned in PMI transition to implementation, intervention implementation and planning (since 1996) (All *questions)*
- Successes and lessons learned with lead agencies for PMI sites *(STR)*
- Successes and lessons lcamcd with site staffing, community collaborations and PMI committee and youth involvement *(All questions)*
- Role of PMI in national intervention efforts *(INT)*
- National dissemination of PMI and prevention marketing *(SUS)*

1.3 Study Approach

The case study utilized a qualitative approach in order to elicit the experiences and recommendations of participants in the PMI process. By framing our methodology around the research questions and topics listed above, we were able to focus data collection on the areas that are consistent with the overall evaluation of PMI.

1.3.1 Data Sources

Several data sources were used in order to answer the research questions. They consist of (I) interviews with PMI staff, volunteers, and implementation partners; (2) observations of meetings or activities that are particularly germane to the study and occurred during the data collection period; (3) interviews with national partners (e.g. TA providers, project officers): (4) review of current site-based documents; and (5) the final report for the case study completed in 1996.

The study topics and research questions form the basis for the interview questions attached as Appendix A. The interview questions were administered to the following types of respondents: advisory committee representatives, youth representatives, lead agency directors, PMI staff, intervention implementation partners, and CDC and AED staff who have worked closely with the PMI demonstration sites or had special expertise in social marketing. There was a mix of topics among respondents such that each research question was addressed at least once per interview, but the same exact question was not usually repeated across respondents. Questions were asked using an open-ended semi-structured approach. This means that responses helped to craft the direction of each interview. At the same time, it was the responsibility of the interviewers to see to it that all topics addressed in the interview guide were covered.

Table 1.3a summarizes the number of interviews conducted according to categories of respondents. Table 1.3b summarizes the number of interviews according to the number of respondents per site.

Table 1.3 Number of Interviews

Table 1.3a Number of Respondents by Type of Respondent

Respondent Category	Number of Respondents
Site Director	5
Staff	13
Advisory Committee Member	14
Youth Committee Member[1]	9
Implementation Partner	11
National Partner	10
Lead Agency Director	2
Total	64

Table 1.3b Number of Respondents by Site

Site Name	Number of Respondents
Nashville	11
Newark	9
Northern Virginia	9
Phoenix	12
Sacramento	13
Academy for Educational Development	4
Centers for Disease Control and Prevention	5
Total	64

1.3.2 Field Procedures

The majority of interviews were conducted with staff and volunteers at the local demonstration sites. Each local demonstration site was visited by a two-person field team that was responsible for conducting all interviews. The two members of each field team alternated between the role of interviewer and the role of note taker.

There were a few deviations from this strategy for conducting interviews. Three of four members of the research team participated in three of the national partner interviews; the remainder of the national partner interviews were conducted with two-person teams. Half of the implementation partners were interviewed in person by one CDC researcher; the other half were interviewed over the telephone by a CDC researcher accompanied by a note-taker. The interview guides for the implementation partners used a more structured approach than those for the other respondent categories.

Interviewees were asked to sign an Informed Consent form, and were assured verbally and in writing that interviews were confidential, that their statements would not be attributed to them, nor would

audio tapes be made available to anyone outside of the Battelle project staff. Interviewees were also informed that a database consisting of narrative and tabular data organized by topic is being provided to the CDC, as described in the consent form. Identifying information such as the respondent's name, position, location, and name of agency have been stripped from this database.

1.3.3 Data Management

Each step in the management of data was meant to ensure scientific rigor and confidentiality o! sources. These standards were maintained throughout the management and analysis of data and their presentation in the final report. Each interview team was responsible for making a review of interview notes so that any "gaps" could be filled in quickly. Consent forms were collected by one designated team member for each site who transferred them to the project Task Leader upon return from the field for storage in a locked file cabinet.

Upon return from the field, the person who acted as note taker typed interviews into electronic files (Microsoft Word@). Completed notes included the date and time of the interview, the interviewer and note taker, and the respondent identification (ID) code that was used in place of names in the electronic transcripts to ensure consistency and confidentiality. The key to the respondent ID codes is kept in a database management system maintained by the Battelle research team until the end of the project, at which time the task leader will transfer it to a password-protected file.

Each question was recorded in the transcripts followed by the answer, using the actual words as closely as possible in order to represent accurately the conceptual flow of the interview. The transcripts only contain information clearly related to PMI participation. No data on personal behaviors were elicited or recorded. The audio tapes were used to fill gaps in the notes or to clarify and resolve discrepancies between the notes of the field team mcmbcrs, after which they were destroyed.

1.3.4 Data Analysis

All typed, reviewed, and revised notes were entered into the qualitative data analysis software. NUD*IST®. Data analysis then consisted of two activities: (I) coding and (2) synthesis.

Coding

Battelle developed a conceptual codebook based on the research and study questions. The codebook was revised to include codes for concepts that emerged during data collection and coding.

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[1] Youth Committee respondents needed to he age IX or over as of the summer of 1998.

Some codes originally part of the codebook were dclctcd since the data did not warrant them. Text coding allowed for the organization and analysis of data by important concepts within each of the demonstration sites, the national partners sites, and across sites for the PMI project as a whole. The final version of the codcbook is presented in Appendix B.

Two Battelle team members were responsible for coding the transcripts, with reconciliation and consistency checks done by the project Task Leader. In order to assure intercoder reliability, several samples of interview transcripts were coded by both of these Battelle team members. The Task Leader conducted an analysis of the sample to assure an 80 percent intcrcodcr reliability rate at the level of major codes.[1] This was achieved easily. However, with respect to interpreting complex passages with subcodes, areas of discrepancy emerged. Therefore, the research team reconvened to modify the codcbook until both coders could use it with ease. At the level of simple segments with major codes, the coders achieved an intercoder reliability rate of 94 percent, for complicated segments using major codes they achieved a rate of 81 percent, and for complicated segments with minor codes they achieved a rate of 68 percent. The coders met with the Task Leader periodically to maintain this level of agreement. The Task Leader coded the data from the National Partners herself.

Synthesis

All coded data were analyzed by site, by respondent type across sites, and by the topical areas guiding the study (e.g., organizational structures and processes, social marketing, behavioral science. technical assistance, community collaboration, youth participation, intervention implementation, sustainability. and barriers and facilitators). The qualitative data analysis software allowed Battellc researchers to gather all text data relevant to a specific topical area and separate and analyze it for patterns of similarity or divergence according to variables such as site. institutional affiliation, role in PMI. or history of involvement in PMI. This allowed for the synthesis of qualitative data in an inclusive and systematic manner. Synthesized data were then available for this cross-site analysis based on topical areas and emergent issues.

[1] Agreement with regard to a major code would be agreement that the data belong within the same category; e.g., Structure (3). Technical Assistance (4), Youth (5). A minor code means that there is agreement that the item should be coded with the same modifier (e.g., 3.3, 4. 5, 5.1). A complicated segment is one that took 2 or more codes (e.g. 7.1, 4.5, and 4.1).

1.3.5 Report Writing

Three types of products have been generated from the data collected during this project. They are:

- Thematic database
- Case summaries
- Integrated final report

Thematic Database

Battelle has produced for CDC a database organized by thematic codes. rather than by individual or study site. All identifying information has been removed and ID codes have been substituted. In some situations. a generic term has been substituted for a proper name. For example, a respondent may name a city, but in the database the word [city] is inserted instead.

Case Study Site Summaries

The case study summaries are very brief documents (about 2 pages) that emphasized ongoing activities in the site. The site summaries were prepared soon after returning from the field by a designated member from each interview team. Battelle provided each site with a draft copy of the written case study summary for that site. The process of reviewing each site summary has served to debrief the sites and to provide them with an opportunity to clarify and comment on the content of the summaries. After site comments were incorporated, the case study summaries were provided to CDC. These brief documents may also serve to disseminate site-specific information to an audience beyond PMI. These documents are appended to this report as Appendix C.

Final Report

This final report is an integrated summary of findings across all sitcs. The report is organized according to the research questions listed above. Chapter 2 deals with the organization of the dcmonstrntion sites. It serves to orient the reader to the kinds of participants in PMI, their roles, and the types of organizational issues that have emerged as sites moved from planning an intervention to actually implementing high quality interventions. Chapter 3 describes the implementation of the interventions, and Chapter 4 the evaluation of the interventions. In Chapter 5, wc describe sustainability efforts, as well

as opinions of participants concerning what a sustainable project looks like. Chapter 6 summarizes the lessons learned during the implementation phase of PMI. Chapter 7 is our concluding chapter.

Chapter 2.0
Organization of the PM I Sites

2.0 Organization of the PMI Sites

The organizational structure of the Prevention Marketing Initiative (PMI) demonstration sites is closely linked to the process of implementing the PMI intervcntions. To carry out successful interventions, the sites needed to bc able to be flexible enough to reflect the needs of their communities and the goals and objectives of their interventions. They had to organize themselves functionally in order to be able to accomplish the activities associated with the implcmcntation phase. This chapter will focus on the organization of the PMI sitcs, the manner in which organizational elements interacted, and the roles and responsibilities of the people and groups associated with these organizational elements.

2.1 Overview of Key Organizational Elements

The demonstration sites in the PMI project moved through three major phases: planning. transition to implementation, and implementation. At each of these phases, the sites were organized so as to fulfill certain goals. The planning phase focused on situating PMI in communities, gaining community support. conducting formative research, and planning the interventions based on a prevention marketing approach.

The transition phase helped sites to move from a planning mode to a service mode in order to actually deliver HIV prevention interventions to the target populations. During the transition phase, sites underwent significant structural changes (e.g., moving to new lead agencies, hiring new staff, or changing from planning to advisory committees) to position themselves to meet their objectives for serving youth. These first two phases of PM1 are captured in Battelle's first set of case studies.[1]

This dynamic process of organizational change continued in the implementation phase. For the implementation phase, each PMI site had roughly the same structural elements as they had in the planning phase – a lead agency, an advisory committee (AC), on-site staff. and a youth committee (YC) – however. the composition of those elements changed, and their roles changed. PMI sites added organizational elements specific to the implcmcntation phase, such as implementation partners, subcommittees. and consultants. Concordant with these site-specific changes. the roles and intensity of effort on the part of national partners also changed across all sites as PMI moved into implementation.

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[1] Hare, ML. Roussel. AE, Mitchell. KK. Orians. C, Goodman. KJ, and Ahcd J. *Final Report: Case Studies of the Prevention Marketing Initiative (PMI) Local Demonstration Projects: Experiences During Planning and Transition Phases.* (Contract No. 200-93-0626, Task No. 15). Battclle. 1996.

2.2 Roles and Responsibilities during the Implementation Phase

This section of the chapter examines in detail the roles of the different organizational elements comprising the Prevention Marketing Initiative demonstration sites during the implementation phase. It presents similarities and differences in how the sites were organized, and at how the division of roles and responsibilities between disparate groups enabled them to function as an entire site. Table 2. 1 provides a summary of some of the key groups in each site during the implementation phase – the advisory committee (AC), the youth committee (YC) and the staff – along with the specific terminology used by the site to refer to these groups.

Table 2.1 Organization of the PMI Demonstration Sites during the Implementation Phase

PMI Sites	Advisory Committee (AC)	Youth Committee (YC)	Staffing
Nashville	Stewing Committee	Youth Advisory Team (YAT)	Program Manager Technical Support Specialist Program Assistant Youth Consultant (p/t)
Newark	Advisory Commillcc	Youth Group	Site Director Technical Support Specialist Program Administrator Youth Consultant (p/t)
Northern Virginia	Advisory Board	Youth Board	Site Director Project Dircclor Project Associate Public Relations Assistant (p/t)
Phoenix	Advisory Council	Youth Council	Site Director Workshop Coordinator Outreach Coordinator (p/l)
Sacramento	Community Council	Youth Advisory Committee (YAC)	Program Director Research & Youth Coordinator Marketing Director (p/t) Project Assistant (p/t)

A "p/t" following a staff position indicates that the position is part-time.

2.2.1 Lead Agencies

The lead agency of each PMI site, the local sponsor of the project, changed during the transition from the planning phase to the implementation phase. While at least four of the five initial lead agencies were good choices for planning (e.g., they had experience in planning, broad community connections, or an HIV focus), changes became necessary because of an imperfect fit between the objectives of PMI and the missions of the lead agencies. Some lead agencies were not prepared to become direct service

organizations and bowed out of the process after the planning phase. Some agencies were not comfortable with the specific PMI intervention that had been planned, such as condom distribution. Other lead agencies did nor have the contacts in the target population to be able to accomplish the intervention. Finally? one of the lead agencies was suffering from internal difficulties, which led to its dissolution.

As a result of these considerations, sites moved from agencies comfortable with planning to agencies better able to accommodate them during the implementation phase. Table 2.2 details the changes.

Table 2.2 Lead Agencies at the PMI Demonstration Sites

Demonstration Site	Lead Agency – Planning	Lead Agency – Implementation
Nashville	United Way of Middle Tennessee (UWMT)	Academy for Educational Development (AED)
Newark	Community Foundation of New Jersey (CFNJ)	Academy for Educational Development
Northern Virginia	Northern Virginia Planning District Commission (NVPDC)	Campbell & Company
Phoenix	Arizona AIDS Foundation (AAF)	Empact SPC
Sacramento	United Way of Sacramento	Community Services Planning Council (CSPC)

In Nashville and Newark, the national technical assistance provider for the PMI project. the Academy for Educational Development (AED), assumed responsibility for fiscal management and for supervising site-based staff. This change of lead agency to AED occurred early in the transition phase, at the end of 1995. The change in Nashville was prompted both by a recognition by rhe lead agency that it did not want to bc involved with advocating condom use to youth and by data that showed the need for the PMI demonstration project to move to a setting that was more similar to the demographics of the target population. The previous lead agency remains supportive of PMI. The selection of AED by the Nashville site was made to ensure a continuity of support during the remaining period of time, as the site implemented its intervention in the community. Nashville PMI is physically located in the Nashville Urban League building.

In Newark, the Community Foundation experienced changes in leadership, in part due lo the death of a major champion of PMI. Furthermore, the Community Foundation was located in a suburban New Jersey community, which did not reflect the PMI target population. Staff and volunteers at the site considered offering leadership of the project to a Newark-based organization. I Jowevcr, after some deliberation, Newark PMI decided to select AED as its lead agency. It was felt that awarding such a contract to a local organization could lead to community conflict through the appearance of partisanship if an organization represented on the advisory committee were to sponsor PMI. The arrangement has

proven somewhat awkward logistically, but - on balance - was seen as positive because of the type of human resources support that AED provided Newark PMI. Newark PMI was physically located in an office building in downtown Newark, New Jersey.

The other three lead agency changes occurred later. They were necessitated by a variety of circumstances. The lead agency for Sacramento PMI was replaced in February 1997. The original lead agency came under new leadership, changed its orientation, and decided that it did not want a program that conducted direct service delivery. However, this agency also remained supportive of PMI. PMI decided to move to the Community Services Planning Council (CSPC), an agency that works with human services – though indirectly – and has been involved in incubating other HIV prevention programs. Despite its limited experience in direct services, CSPC has helped PMI to implement its interventions. PMI staff, in turn, shared their knowledge with the lead agency to support its other efforts.

In April 1997, Phoenix PMI changed lead agencies. The previous lead agency, a statewide AIDS organization, began to have internal structural and financial problems. Due to these problems and the fact that the lead agency did not have extensive contacts with AIDS or youth organizations that provided direct services in the community, the PMI site, with the help of AED, began to look for alternatives. The subsequent lead agency, Empact SPC, is a behavioral health organization that provides crisis intervention, prevention, and other health related services. PMI fit well into the structure of the lead agency. which is divided into three branches: Prevention Services, Crisis Services, and Counseling Services. PMI joined the Prevention branch. Empact, through its contact with numerous community groups, helped PMI to reach organizations to host the workshop interventions. In addition, because Empact is structured to implement programs, it could provide resources and staff members who worked on other agency programs to support PMI.

Northern Virginia PMI changed lead agencies in January 1998. The previous lead agency was a regional planning organization, which had little experience with implementing programs. When the time for launching the intervention arrived, site members created a working board which decided that the advisory committee (AC). comprised primarily of representatives recruited by the lead agency, was not representative of the target population and needed to reorganize. Shortly thereafter the lead agency bowed out of the process, deciding that. as it was not otherwise involved in service delivery, PMI no longer fit with its objectives. Rather than let the site fail, the contract for the site was awarded to Campbell and Company, an African-American owned Public Relations firm, whose director had been involved in the Advisory Committee. This agency also provided staffing and conducted the PMI intervention. Campbell and Company brought a strong knowledge of media interventions and social marketing to the Northern Virginia PMI site.

Role of tho Lead Agency during the Implementation Phase

Lead agencies in PMI held the contract to administer the PMI site and were responsible for all fiscal management and staffing. Lead agencies fulfilled a number of additional roles for helping PMI sites accomplish their interventions. In Phoenix, the reach of the lead apcncy. and its involvement with a broader coalition of community-based organizations (CBOs), and population groups, enabled PMI to expand the scope of its target population to take advantage of the contacts of the lead agency. In Nashville. the association with AED allowed the site to have a high profile with other agencies, a perception that has been leveraged as Nashville PMI applies for grants and raises money to continue beyond the demonstration period. In Sacramento, the lead agency has also helped with strategic planning and with seeking avenues for the sustainability of PMI or PMI components within the community.

While the lead agency has been able to offer support to PMI, PMI has also affected the lead agency. In Sacramento, lead agency personnel felt that PMI has left a legacy in their organization. offering a model for other programs to follow. PMI has also strengthened the agency's relationship with other organizations by reinvesting the agency in the HIV community. In Phoenix, the lead agency felt that PMI had given it more visibility in the county in HIV prevention. PMI had also helped the lead agency to work with the media to get positive attention, and lead agency personnel felt that the teen curriculum may be used in other agency programs.

2.2.2 Advisory Committees

The advisory committees (AC) established by the PMI sites served a different role during the implcmcntalion phase than they had during the planning phase. Envisioned as the "community leadership" of the project, advisory committees were composed of volunteers representing various community interests. The specific composition of the AC varied from site to site, but most groups included representatives from AIDS Service Organizations (ASOs) or youth service organizations. government agencies, schools. the health department. the faith community, and representatives of the target population or minority communities. Some sites also had representatives from health related businesses, such as HMOs or insurance companies.

The Changing Nature of the Advisory Committee

During the planning phase, the AC or planning groups designed the overall plan for the implementation of interventions. The AC and staff chose the target population. decided on the messages. the marketing mix, and the interventions that PMI would use. Once the plans were being implemented, however, the responsibility for the day-to-day decision making rested more with the staff. Advisory

committees began to play more of an oversight role for the project. Some advisory committees also played active roles in issues management through their knowledge of how aspects of the program would be accepted in the community. In this respect they acted as a "sounding board" for the PMI staff, helping them to determine what interventions would work. They also played a related role, promoting PMI in the community through their own organizations or networks. In one respondent's words, "the AC is the eyes and ears of the program to the community. Not only are they [members] able to take information out of the community, but also to bring back information."

The membership of the advisory committees changed as the roles evolved. In one site, the entire advisory commitrec was consciously reconstituted so as to include members who had more access to, or understanding of, the target population in order to complete the intervention more successfully than the original members. Unfortunately, this occurred in a context of tension characterized by assertions of racial insensitivity. Eventually, with new leadership, the goals of the project were met. In another site, a core group of members stayed involved over a long period of time, but new members were added according to what they or their organizations could bring to the intervention in terms of access to youth, expertise in a specific program area, or to secure future funding for the PMI site. In other sites there was a process of gradual change as members involved during the planning phase moved on to other things and new members were recruited.

Level and Type of Involvement during the Implementation Phase

The management of interventions was primarily a staff function. This sometimes left advisory committees without a clear mandate as to their role in the implementation phase. How sites defined or failed to define new roles for the advisory committee substantially influenced AC members' satisfaction with their involvement in PMI.

As the implementation phase began and the role of the advisory committee as a whole started to wane, AC members who wished to have a high level of involvement found new roles for themselves within PMI. Many AC members took roles as workshop facilitators, training youth or parents about HIV prevention. Other AC members, through their agencies, became subcontractors to PMI to carry out pieces of rhc intervention such as the workshop component. In some sites, PMI asked new agencies involved in the intervention to send representatives to the advisory committee to better orient them to PMI's objectives

Some sites experienced difficulties in the melding of old and new members. New members in particular were unclear as to what the role of the advisory committee was. They felt that the purpose of

the AC was "hazy" and needed to be "more clear." These memhcrs felt that they only rarely had decision-making authority during the implementation phase. and that the sole purpose for many meetings was to receive an update from staff as to the progress of the interventions. Attendance at these meetings declined sharply as sites became more heavily involved in implementing the interventions, with even less involvement in summer months. Meeting frequency also declined in some sites. In these sites, AC meetings went from bi-weekly to monthly to quarterly meetings or only met as needed. Yet, all AC members with whom we spoke were supportive of PMI, and those who were familiar with the content of interventions were very enthusiastic about their worth.

The level of involvement of the AC in the PMI site during our site visit in the late part of the implementation phase was linked to plans for sustainability of the site. For example, in a site with few plans to continue PMI as a separate entity, the AC was in "shut down mode." In other sites with more plans for sustainability. advisory committees became involved with seeking funding or future opportunities for PMI. One site, Sacramento. engaged advisory committee members in an intensive strategic planning effort to decide which elements of PMI should be sustained and through what type of organizational structure.

2.2.3 Staff of PMI Sites

Staffing patterns varied from site to site. Each site had between two and three full time staff members and several part time staff. Although they used different terminology for staff and had a different mixture of responsibilities for each individual, sites were organized to fulfill four major roles. These roles were (I) the site director, who oversees the entire PMI project; (2) administrative or clerical staff: (3) staff members dedicated to overseeing the interventions or specific components of the interventions (e.g., a technical support specialist, an outreach coordinator, or workshop coordinator); and (4) the youth coordinator. This last staff member or consultant was responsible for running the youth group and arranging activities for youth. In addition to these site-based staff, sites also had workshop facilitators hired directly by PMI or through a workshop subcontractor.

Rule of Stuff during the Implementation Phase

During the implcmcntation phase, the roles of staff members became more intensive and detail oriented. As advisory committees became increasingly policy oriented, staff assumed more of the day-to-day management of the projects. Staff members saw a great expansion of their role during the implementation phase. During the planning phase of PMI, sites had to manage internal relationships with national partners, lead agencies, advisory committees, and youth. PMI participants reported that these

relationships alone were more complicated and time-consuming than anticipated. During the implementation phase, sites had to deal with many new relationships, including those with consultants, subcontractors, facilitators, media venues, vendors providing incentives for the workshops. large numbers of youth involved in workshops and PMI activities, parents of youth in workshops, and parents or other adults taking part in parent workshops. Thus, relationship management required increasing investments of time and more sophisticated skills throughout the life of the project.

In one site. due to turnover of staff at key points in the implementation process and lack of time to train new staff, more senior staff members needed to take on additional roles. For example, the site director took responsibility for the youth committee when the staff member responsible for this group left PMI. In that site, the workshop coordinator also served as a back-up facilitator when no trainer could be found to fit the schedule or a facilitator did not feel comfortable going into certain environments perceived as unsafe or particularly challenging.

Staff members also expanded their role beyond PMI by becoming involved with other community concerns dealing with youth or HIV/AIDS issues. Several staff members served on the boards of non-profit organizations dealing with youth or health issues. or took part in HIV/AIDS coalitions in the city. Newark stuff. for example, served on the planning committee for the first annual adolescent conference on HIV for the state.

Site directors and staff also assumed a technical assistance role, orienting new staff, advisory committee mcmbcrs, subcontractors, and consultants to the theoretical framework behind PMI and the goals and objectives of the program. In Nashville, the site director put together a notebook of information on prevention marketing and an overview of PMI for new members. In Nashville and Northern Virginia. site members also trained a second round of workshop facilitators after consultants trained the first round.

Site-based staff found it necessary to take on additional responsibility if subcontractors or consultants did not meet expectations. Some staff mcmbcrs had to work on revising or translating the curriculum when the work of consultants was not adequate. Since the final responsibility for carrying out the interventions rested on staff shoulders, they had to be flexible and "wear a lot of hats."

A new category of staff person, evaluation coordinator, became involved in the project at the beginning of 1998. Evaluation coordinators were hired by AED to conduct the data collection for the workshop evaluation. Due to the low budget for the evaluation, these individuals were not professional evaluators, but were college graduates or Masters-level students who did not stay with the programs for long. This job category has had a lot of turnover requiring intensive training by AED regarding evaluation and data collection. The evaluation component of the intervention added to the responsibilities

of other staff. for example. overseeing the evaluation coordinator and ensuring that the data collection process was occurring smoothly.

Toward the end of the demonstration period, site-based staff also began dealing with issues of sustainability, submitting proposals for future funding. and garnering support for the program's continuation from community agencies. In sum. during the implementation phase both the number of staff increased and the number of tasks that needed to be managed expancled. as did the level of responsibility staff assumed to ensure that the interventions occurred as planned. While the outcome of sustainability efforts was not clear as of the writing of this report, it can be said that staff dedication and hard work was a large contributor to the successful implementation of interventions in each site.

2.2.4 Youth Committees

The youth committee (YC) in each site was comprised of young people from the original target population (young people under age 25), although not necessarily from the ultimate target age group or locale. Youth group members ranged in age from 12 through 22. although most members were between 13 and IS years of age. Youth committees have had between 8 and 15 members. Youth members in four sites were paid a stipend for a specified level of participation in YC meetings and other youth activities. This level varied among sites, as some youth committees met weekly and others met monthly. The stipend became an important Factor for retaining youth, as paid jobs competed for their time. In the one site that did not offer stipends to youth, the YC disbanded in part because there were no incentives to attract new teens once the original youth members moved on to jobs and to higher education. However. this site was experiencing other difficulties, including the need to completely reorganize the staffing structure and reconstitute the AC, so there was also less time and energy for nurturing a youth group than was available in the three sites where the youth committee was very active.

Nashville PMI developed three primary objectives for youth involvement that were typical of the other youth committees as well. They were to 1) create an environment where youth can gain ownership and involvement in PMI, 2) solicit and recognize the opinions and expertise of youth to ensure the program's success, and 3) engage youth as active community members. The third ohjcctive was met in many of the sites by having youth serve as spokespersons for PMI at community events.

Members of the youth committee sat on the advisory committee at some point in the process. As advisory committee members, youth participated in subcommittees and work groups. serving as full members of the AC. In some sites – Nashville, Newark, and Northern Virginia – the YC selected a small number of members to represent youth on the AC. In Sacramento, youth had served on the AC, but ultimately decided that they would rather maintain their own group and not participate directly on the AC.

In this site, the youth coordinator served as a liaison between the YC and AC. In Phoenix, due to a decline in youth and adult participation after the interventions had been designed, the YC joined the AC and no longer met independently. In Northern Virginia, youth had significant input in the planning of the intervention and the transition to a new lead agency and advisory committee. However, as the intervention progressed, the core group of youth graduated from high school, went off to college or jobs, and the YC dissolved. On the other hand, in Newark, even when the AC began to meet only quarterly, and then only on an *ad hoc* basis, the YC continued to meet bi-weekly.

It took time for adult AC members and youth to feel comfortable working together. More than one adult respondent commented that "youth occasionally contribute in AC meetings, but only when asked." Youth, for their part, sometimes felt that adult members of the advisory committee did not listen to their perspective, or had misconceptions about their purpose in participating. One youth member felt that the biggest barrier to youth-adult interactions was:

> *The misconceptions they had. 'We didn't want to hear anything;' 'We didn't want to learn;' 'We were set in our ways;' 'We just want to do what we want to do.' We broke down those barriers and told them that we are here. We do respect our elders. We want to listen. We want to help ourselves. We are not the Generation X. We learn and work for our future...The barriers are broken. There might be still some age barriers and the level of respect we show them, but that is normal. They are our elders. Everything else was broken down. We saw them as people; they saw us as people.*

Overall, the interactions of the youth and the adults on the AC were considered to be positive, but it took time for young people and adults to become comfortable working with each other. From the adult perspective. youth involvement was central to producing an effective intervention. One AC member found early in the process that adult members had an erroneous view of teen sexual behavior, a view that would not have addressed the real conditions of adolescent life in the community. A major youth contribution was to ensure that the PMI site stayed on target with its product. Another AC member, recognizing the importance of youth involvement in designing an intervention for youth, felt that "youth's greatest contribution was the genuineness of the product. It has a real, typical adolescent voice and image... It's kids talking to kids."

Hole of Youth in the Implementation of the Interventions

Youth committees played a key role in decisions regarding the interventions. In one site, when it came to choosing a brand identity and logo, "the youth input was more important than the advisory committee's input." Youth committees provided constant feedback on all aspects of the interventions.

The major intervention that all sites decided to use was an intensive workshop for HIV prevention for teens. All sites chose the *Be Prod! Be Responsible!*[1] curriculum for training teenagers. In the four sites that decided to modify the curriculum, youth had an important say in deciding which modifications would work the best with their peer group. In media interventions, youth frequently took the lead in refining the language and the look of the PMI messages to appeal to the target population. In many sites, every component of the intervention aimed at the target group was first sent to the youth committee for review. The interventions will bc discussed further in Chapter 3.

In addition to their advisory role, youth also played a more active role in the implementation phase by conducting interventions themselves. Many YC members served as workshop facilitators or near peer educators. Youth committee members also played an important role in the outreach component of some sites. Youth went to concerts, raves, health fairs, and other community events distributing PMI materials, promoting PMI in the community, and recruiting for the workshops. Youth also served as spokespersons for HIV prevention and for PMI at community forums and conferences.

Activities of Youth Committees

Youth committees in PMI did not just take part in preparing, and sometimes launching. the interventions; they also had separate activities, which fostered youth involvement and participation in PMI and in the community at large. Some activities took youth beyond PMI; others comprised the regular activities of the youth committee. Several youth from different sites were able to participate in a prevention theater convention in Los Angeles, "Lights, Camera, Prevention," sponsored by CDC, which taught youth to write and perform skits with prevention messages. Youth also learned a lot through participation in conferences. Youth frorn Phoenix were sent to a Ryan White conference and a youth conference for the Southwest. Youth in Nashville participated in a state health conference. The youth committee in Sacramento visited several large HIV prevention organizations in the city in order to see other interventions that were taking place. Sacramento youth also visited an organization for homeless youth where they were able to speak about PMI.

Youth committee activities closer to home included workshops to teach youth skills. Nashville offered youth seminars on different topics like communications, human sexuality, or decision making. Youth in that site each took turns giving presentations on different topics to enhance their knowledge of HIV prevention and to learn research and public speaking skills. Newark youth participated in retreats to learn organizational skills and teamwork.

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[1] Jemmott, LS, Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible!* New York: Select Media, 1994.

Participation in PMI was a positive experience for youth. Youth group members felt that the YC was "a big family" and had "a good feeling about the group." Participation in PMI also generated opportunities for youth both within and outside of PMI. Youth members in several sites went on to serve as interns or staff members at the PMI site. Conversely, PMI staff mentored young people. The amount of guidance given by staff varied across sites, with greater inputs required in communities that included youth from very high risk target audiences in its youth groups. In one site, PMI staff even helped YC members obtain jobs in other organizations as they reached young adulthood. This was greatly appreciated by the young pcoplc.

Adult respondents from several sites were concerned that youth members were not truly representative of the young people in the target audience. For example. they may have been older. of higher socio-economic status, or held greater educational goals and achievements than the higher-risk youth targeted with PMI interventions. Another issue was that as the young people served in the YC for a while. they became more acculturated to PMI and were less able to reflect the opinion of a fresh auclience. Despite these caveats. AC members saw youth members as critical to the success of the interventions:

> *[The YC] might not be the exact target population in age group and where they were from, but they are young African-American kids. They gave perspective and listened to the things the adults were saying and provided a sounding board for what other teens wanted to hear.*

In addition, some means were taken to cope with lack of representativeness within the YC. For example, in one site where the youth members had been together for such a long time that their response to media ideas was no longer seen as fresh, other young people were called in to react to specific ideas. Finally, in the site where the YC disbanded, young people were hired as staff and media ideas were reviewed by students at a local high school.

YC members obtained personal satisfaction from their participation in PMI. Many youth reported feeling that their communications skills had been enhanced due to PMI. They had knowledge about HIV/AIDS and felt positive in their ability to use it to speak with the pcoplc they care about regarding sensitive issues. In the words of one youth member:

I smile every day. I've heard people, adults to 10-year-old kids, mention our name. We're obviously doing something right. I couldn't be more enthused to be part of a young group out there getting out the word so quickly. I'm absolutely beside myself. I'm really happy.

2.2.5 Subcommittees

PMI received additional assistance in developing or designing its interventions through subcommittees. These groups were either task-driven or issue-driven. They were not necessarily direct outgrowths of the advisory committee. although advisory committee members served on them. Table 2.3 details the subcommittees for each site during the implementation phase. Far more subcommittees were active during the planning phase, but many were no longer necessary once the intervention was designed and ready to be launched.

Table 2.3 Implementation Phase Subcommittees in the PMI Demonstration Sites

Site Name	Task Driven Subcommittees	Issues Driven Subcommittees
Nashville	Curriculum Selection Subcommittee Proposal Review Subcommittee	Issues Management Subcommittee
Newark	Site Design Team*	Issues Management Subcommittee
Northern Virginia	None	None
Phoenix	None	Sustainability Subcommittee
Sacramento	Grant Review Subcommittee Work group around hotline Work group around bus sideboards Work group around print materials	Community Standards Group

* *Members reviewed curriculum materials*

Task-driven subcommittees included community members outside of the AC with the appropriate expertise to complete a given assignment. Examples include a curriculum review subcommittee, which helped to select the curriculum the site would use. For this, PMI staff brought in individuals affiliated with such agencies as the Department of Education, with experience in examining curricula. Other working groups organized around implementing media or outreach interventions, such as the telephone hotline or bus sideboards.

Issue-driven subcommittees were not focused on a specific task, but rather were put in place to handle substantive concerns that faced the site on a day-to-day basis. Some issue-driven subcommittees were community based, including members who had not participated in PMI before. Other subcommittees, because they represented a continuation of groups formed during the planning phase, were more closely tied to the advisory committee or other individuals connected to YMI. For example, in two sites issues management subcommittees composed of members from the AC served as a review board

for all PMI materials ensuring that community norms were taken into account. In Sacramento, this function was moved out to a separate community standards group comprised of four members not affiliated with PMI. These members were found through consultation with a local Health Department Community Standards Board. Phoenix set up an issue-driven subcommittee to focus on sustainability. This committee, made up of members from the AC, staff, and lead agency, sent out proposals to secure future funding for the site.

Both types of groups, either task-driven or issue-driven, enabled PMI to have formalized community input apart from the advisory committee. Task-driven working groups also provided a way for PMI to accomplish specific parts of the intervention, requiring expertise that PMI members did not possess in a timely and cost-effective manner. Through subcommittees and working groups, sites were able to leverage community expertise through volunteers rather than having to hire consultants to aid in specific tasks. Subcommittees also provided a mechanism to focus a small number of interested people, rather than the entirc AC, on issues that were time-consuming or detail-oriented. For example, in one site where staff tried to get the entire AC involved in examining the curriculum, those AC members who lacked experience in the topic were not engaged in this activity. One staff member noted: "We had tried to be consistent... in involving [the AC] in everything, but they did not have the time to pay attention to that level of detail." Subcommittees provided a way around this concern, and helped to maintain the interest of advisory committee members and community members in PMI.

2.2.6 Implementation Partners

Implementation partners in PMI included direct subcontractors to PMI who delivered the teen workshops, representatives of community based organizations that hosted workshops, or individuals who assisted uith aspects of the media interventions. Workshop subcontractors took care of all of the details necessary to implement the workshop component of the PMI intervention. Subcontractors hired facilitators, assembled materials, made contact with community based organizations to schedule the workshops. helped to recruit teens, and organized incentives for teens completing the workshops and for organizations hosting workshops.

Other implementation partners hosted the PMI workshop at their organizations. They collaborated with PMI to schedule the workshop and to ensure that youth in the target population were available. Still other types of implementation partners trained facilitators in the use of the curriculum.

Implementation partners for media interventions played a variety of roles depending on the type of intervention. For sites conducting mass media campaigns, advertising agencies played a role in designing the logos and brand identity for PMI. With input from PMI, they designed print and billboard

advertising. produced radio commercials and negotiated the media buy, obtained radio time and space on billboards. and determined which types of media would have the greatest impact on the target population. In one site. a media intervention partner helped to create the script, select and rehearse the actors, and produce a radio soap opera. Implementation partners took charge of an important aspect of PMI, delivering the interventions to the public with support and guidance from PMI site staff.

2.2.7 Consultants

PMI sites utilized consultants for two main purposes during the implementation phase. Consultants provided the expertise necessary to adapt the curriculum for the teen workshops, and provided input on the mass media and outreach interventions. For the workshop component, consultants with expertise in behavioral science helped to adapt the *Be Proud! Be Responsible!* curriculum to characteristics of the local population.

Media consultants worked on several aspects of the PMI interventions. In Nashville, a marketing consultant was hired to design a plan to market the concept of a radio soap opera to a local radio station, before investing in script writing and production. A marketing consultant also helped to get radio spots on the air in Phoenix. In Sacramento, public relations consultants helped to prepare sites for issues management concerns by training youth committee members on what to say if interviewed and by preparing site participants for a possibly unfavorable community reaction to the interventions. For Northern Virginia, consultants also helped to prepare a communications plan on how to explain PMI to local community-based organizations. Consultants in PMI played limited, but necessary, roles in the implementation of the interventions by providing expertise either in training or by producing specific deliverables for certain aspects of the PMI interventions.

2.2.8 National Partners

National partners in the Prevention Marketing Initiative demonstration project provided assistance to local PMI demonstration sites throughout the life of the project. National partners provided funding, guidance. technical assistance, and evaluation to sites. National partners included the Academy for Educational Development (AED), the Centers for Disease Control and Prevention (CDC). Porter/Novelli, the National AIDS Fund, and Battelle Centers for Public Health Research and Evaluation. Each played a distinct role in the project and these roles changed as the sites moved into the implementation phase.

Centers fur Disease Control and Prevention (CDC)

CDC is the sponsoring agency for the PMI project. Shortly after PMI was initiatcci, CDC undertook a reorganization of its HIV prevention programs. After being housed in two other branches. it was decided to house PMI in the Behavioral Intervention Research Branch (BIRB) of the Division of HIV/AIDS Prevention (DHAP). This decision was prompted by the recognition that expertise in behavioral science would help to move the PMI sites along in meeting their goals. One CDC respondent explained the advantage of this placement for PMI in the following way:

> *This brunch had a number of research oriented projects, but we also have quite a bit of expertise in research synthesis, where we are looking at the intervention literature in HIV. So the expertise around the research itself and the expertise around the identification of intervention types both resided in this brunch. [CDC] recognized that both could be valuable to the project.*

CDC provided guidance and oversight to PMI sites in conducting the interventions. PMI site material passed through CDC approval before going out to the public. Although characterized as cumbersome by many respondents, this review process ensured that products and methods were scientifically accurate, technically sound, and were consistent with the site's original plan. CDC also set deadlines and target goals for PMI sites in completing the interventions. CDC, along with AED, played a role in helping to smooth the process when sites ran into difficulties, such as when controversies developed with lead agencies. CDC helped to design the evaluations of the PMI site and will analyze the data generated from the workshop evaluation (through a subcontractor), sharing that information with the sites as soon as possible. CDC also played an important role in the dissemination of information learned from PMI and possible replication of the PMI model to other sites.

Academy fur Educational Development (AED)

The rnain role that AED played in the PMI project was as technical assistance (TA) provider to all of the sites. In the early stages of the project, AED provided hands on training and technical assistance to sites in social marketing. behavioral science, community organizing, and project management. During the implementation phase, this role shifted from providing formal training to providing more informal technical assistance on a case by case basis. During this phase of the project, sites especially needed information and assistance on the logistical aspects of implementing the intcrvcntions. AED provided technical assistance in such areas as helping to institute subcontracts and hire staff, managing the contract mechanism between the sites and CDC, and implementing the workshop evaluation component. It also provided some additional intensive training on issues management and youth involvement.

The role of AED expanded beyond its initial role as the technical assistance provider to include greater management support than had been true during the planning of the PMI intervention. While preparing for the implementation phase, AED also took on the lead agency responsibilities for two sites. For other sites, AED helped manage the contract mechanisms with the lead agencies that house PMI. For example, AED staff tracked site budgets to see that they were not overspent. Stuff acted as a liaison between the sites and CDC and provided guidance and review of all PMI site materials. Technical assistance will be discussed further in Chapter 3.

Porter/Novelli

Porter/Novelli provided technical assistance to sites as a subcontractor to AED. TA provided by Porter/Novelli included issues management training and media training. preparing sites to deal with the media and handle possible controversy arising from teaching HIV prevention to young people. Due to funding cuts for PMI as a whole, Porter/Novelli's role was scaled back in 1996. It still maintained involvement in the Phoenix and Sacramento sites, advising those sitcs as to their media messages and reviewing PMI media material sent from advertising agencies.

National AIDS Fund (NAF)

The National AIDS Fund was involved at the beginning of the project in site selection and the selection of lead agencies, many of which were local partners of NAF. When its local partners were no longer involved with PMI after the changes in the lead agencies at the time of implementation, the involvement of the National AIDS Fund waned. NAF may play a future role in helping to sustain or replicate PMI at the local level.

Battelle Centers for Public Health Research and Evaluation

Battelle has conducted both qualitative and quantitative evaluations of the PMI sites. Battelle's qualitative evaluation has consisted of case studies conducted at each PMI site at two points in time. The case studies are based primarily upon interviews with site directors. stuff, advisory committee members, youth mcmbcrs. and lead agency personnel, as well as interviews with participants from AED and CDC. Intcrvicws of implementation partners conducted by CDC personnel arc also included in the cross-site analysis and report compiled by Battelle researchers for the second case study.

The quantitative evaluation is based on data from a telephone survey. Originally planned us an outcomc evaluation for sitcs that had chosen older teens as their target population. the plan had IO be

scaled back because of difficulties in reaching sufficient numbers of older adolescents in a tight geographic area. It was only possible to obtain a sufficient sample size in one site, Sacramento. The evaluation focused on determining the risk factors for HIV for teens in the target area as well as the reach and impact of the PMI intervention. Battelle scientists conducted the data collection and analysis of the Sacramento survey. These data are briefly discussed in Chapter 4.

2.3 Summary

The local PMI demonstration sites were charged with implementing and evaluating HIV prevention interventions during this latter phase of the PMI process, known as the implementation phase. The sites found that some of the organizational structures present in earlier years were not adequate for the task at hand. Changes in staffing patterns, in lead agencies, and in the composition of the advisory committee were made to meet the demands of the implementation phase. The number of community volunteers tended to diminish, but in four of the five sites youth involvement increased. Even in the fifth site, young people stayed involved as PMI stuff. The role of the national partners changed; while less hands-on, their assistance remained critical to the implementation of the interventions.

Chapter 3.0
Implementing the Interventions

3.0 Implementing the Interventions

The focus of this chapter is the implementation of interventions in each of the PMI demonstration sites. Each site was required to develop at least one intensive intervention, meant to expose groups of young people to the selected HIV prevention messages in a manner that builds knowledge and skills. Intensive interventions were delivered in a workshop format in all of the sites. Sites could also choose to develop another intervention that is less intensive in its effect, but which would be expected to reach large numbers of youth. Interventions with broad reach were delivered through various forms of media, especially radio. In the remainder of the chapter, we review the process that led up to the development of the interventions, and then describe the interventions themselves. In Chapter 4, we discuss efforts to determine outcomes of the interventions, and in Chapter 6, we highlight specific lessons learned in implementing HIV prevention interventions in local communities.

3.1 Preparation for Implementation

The PMI demonstration sites spent between three and four years preparing to launch their interventions. This process was detailed in a prior report.[1] The preparation. also known as the planning phase, consisted of extensive formative research, intensive technical assistance, and much deliberation by community volunteers. Some of these volunteers also participated with PMI staff in the hands-on work of designing products. Below we present highlights from this process, along with the evolution of the technical assistance and guidance offered to sites.

3.1.1 Target Audiences and Behavioral Objectives

Each of the five YMI demonstration sites developed target audiences and behavioral objectives for their interventions. The dccisions on these objectives were bused upon the formative research each site was required to conduct during the planning phase of the project. The target audiences and behavioral objectives are presented in Table 3.1:

[1] Hare, et al. *Op. Cit.* 1996.

Table 3.1 Target Audiences and Behavioral Objectives

Site	Target Audience	Behavior Objectives
Nashville	African-American youth ages 12 to 15 living in low-income housing	■ For non-sexually active youth to delay intercourse until after high school gradualion. ■ For sexually active youth to use a condom consistently and correctly.
Phoenix	Youth ages 16 to 19 living in 12 Phoenix-area zip codes	■ Help sexually active 16-19 year olds who have used condoms at least once, and who intend to use condoms, lo use them consistently with steady or familiar partners.
Northern Virginia	African-American youth ages 15 to 19 living in the Northern Virginia area	■ Help non-sexually active IS-19 year old African Americans to delay the onset of intcrcoursc. ■ Help sexually active 15-19 year old African Americans to use a condom correctly and consistently with all partners.
Newark	Youth ages 13 to 16 living in the city of Newark	■ Non-sexually active 13-16 year olds to continue to delay and to use a condom the first time they have penetrative sex. ■ Sexually active 13-16 year olds who want to avoid pregnancy or are concerned about HTV to use a condom the next time they have penetrative sex, and with all partners.
Sacramento	Sexually active youth ages 14 to 18	■ Help sexually active youth ages 14 to 18 who use condoms inconsistently to use condoms consistently and correctly with all partners and in all situations (such as unplanned sex).

After sites established these objectives and the organizational structures necessary to implement them. each site went about implementing its intervention in its own way, based on prevention marketing techniques and the distinct context of each community. There were, howcvcr, many similarities among the various sites. For example. every site had as its primary intervention the delivery of skills- and knowledge-building workshops to the target audiences, and each site combined these workshops with media elements that supported the workshops and the overall program.

3.1.2 Technical Assistance and Support

The Changing Role of TA Providers

When PMI was initiated in 1994, the Academy for Educational Development (AED) provided full-time support for each site with help from staff at Porter/Novelli. Much of the support was provided via telephone and electronic communication, but technical assistance (TA) was also provided on-site for several days each month. TA providers gave workshops on social marketing that incorporated behavioral science principles and also provided support in community organizing and project management. As the demonstration sites reorganized with stronger staffing patterns in late 1995 and early 1996, the role of AED as a provider of specific TA and guidance diminished. It was envisioned that this role would bc carried out by the site staff themselves. This was true where the sites wet-c led by professionals who came on board at least before tho end of planning for the implementations. In other sites, although the projects were led by qualified professionals, some staff became involved so late in the project that they still required substantial training to catch up with their peers. While sufficient time was not available for national partners to train these staff fully, the staff members did meet with TA providers from AED or project officers from CDC and were afforded some formal training.

It turned out that even as planning was completed, the process of providing technical support was not simplified. TA providers were now concerned with helping sites to remain focused on the specific components of implementation, especially with being sure that they remained faithful to their plans by staying on strategy and maintaining their behavioral science focus. TA specific to the implementation phase revolved around selecting the workshop curricula and understanding and implementing the workshop evaluations. In the first case, TA providers selected a menu of curricula for workshops and assisted site-based staff in winnowing the choices down until one was selected. When the sites decided to adapt the curriculum to their own circumstances, they worked with local consultants. For evaluation, AED provided staff with training, telephone consultation, and on-site visits. This was especially critical since sites experienced a great deal of turnover in the position of Evaluation Coordinator.

Another labor-intensive feature of the technical support provided to sites involved contract management. As noted in the previous chapter. AED was the lead agency for two sites. In addition, it helped other sites with the development and monitoring of contracts. Many of the interventions were developed and implemented through subcontracts. creating another level of management critical to the success of PMI.

The Effect of Technical Assistance and Support

Site-based participants were appreciative of the technical assistance they received. This was true of those who had been with the project for several years and remembered the training they received in formative research and product design, and of relative newcomers who received training through other means. In some sites, staff sought new opportunities for training as AED decreased its presence. This included use of the local American Red Cross for basic HIV information. and training on evaluation from a local research firm that was offering a workshop on a ***pro bono*** basis. Members who availed themselves of these opportunities found them useful.

Despite efforts to continue to train staff and volunteer participants, there was a general sense, both by newcomers themselves and by people with greater history in the project, that it was difficult to catch on to all of the concepts once the plans were complete and interventions were being implemented. As one long-time AC member said, "There were new people who came to meetings but they didn't become engaged. They didn't get the training [although] I think they understood the concept in the broad sense." It should be noted that not all volunteers chose to attend training, even when available to them.

For new staff, it was critical that they "become engaged" with the underlying concepts of PMI so they could understand decisions that pre-dated their tenure. This meant spending a great deal of time reading documents, speaking with more senior staff, and even some "hand holding" from one or more national partners. Despite this individualized approach to bringing people up to speed, wc heard about frustration that not all the information was "readily transferable."

For some newcomers, there was virtually no training in social marketing or behavioral science, but they did receive training in workshop facilitation. Since the workshop curriculum strongly integrates behavioral science theory, it is quite likely that respondents knew more about such concepts than they readily communicated in their interviews with Battelle researchers. In one site, staff sent out written guidance to facilitators to assure that they stayed on strategy, and another held regular meetings with facilitators. Respondents found this communication useful to them.

While there was variation in the facility with which respondents used social marketing or behavioral science concepts. there was agreement that these concepts were critical to the success of PMI. Those volunteers who participated in training understood the reason prior decisions had been mode. seeing how different components were linked to each other and also to the behavioral objectives for the site. One staff member shared how having social marketing concepts to rely on was critical to both the development of the intervention and to seeing that it was applied as intended:

I think if we had not had social marketing concepts to rely on and to be the foundation of what we were doing, it would have been a big mess...And when I needed to articulate to subcontractors or consultants it was always the same message and always the same approach. I didn't have to grapple with, 'well I think we're doing this because...' It was always consistent.

This approach to the interventions was based on a basic understanding of prevention marketing as something that fully integrates behavioral science and community participation: "These are the social marketing steps that we take; this is the role that behavioral science plays; and this is how community planning ties into these steps in social marketing."

There was definitely a need for the continued support from national partners in technical and managerial areas throughout the implementation phase. We saw that some respondents were not completely comfortable with their knowledge base. Site staff had a lot to accomplish in a short time. and repeatedly orienting new staff, AC members, and implementation partners was a difficult task. However. when successful, the site staff developed a whole new level of expertise in providing training within their own communities. This was seen as a way to build capacity through the dissemination of prevention marketing, and as a way to build support for PMI as the demonstration period ended.

Training to Facilitate Workshops

Respondents enjoyed the training in workshop facilitation. They especially favored opportunities to model skills-building activities. Even those who were experienced in delivering workshops on HIV prevention, adolescent sex education. or teen pregnancy prevention found the facilitation training for the PMI workshops useful. Among the respondents for this study, several staff, AC members, youth, and implementation partners received the training. The general model for providing training was a first "train-the-trainers" round by a master trainer suggested by the developers of the model curriculum, and then subsequent rounds by PMI staff.

Respondents' satisfaction with facilitation was enhanced by their understanding the overall vision and strategy associated with PMI. One implementation partner complained about not understanding what "PMI does." wishing for more information about the program. In another site, PMI staff required subcontractors and consultants to read documents in order to understand how the objectives were developed and what was the reason for developing the intervention in the form it was to be implemented. While implementation was not stress-free at that site, we were told that most people understood why they were doing what it was they were asked to implement.

One of the most unique features of PMI was its incorporation of young people in all aspects of the project. In carrying out the case study of the planning phase, Battelle researchers met young people who at that time were becoming involved with the youth committees in their sites. During the current implcmcntution case study, we met some of the same young people who were now trained to facilitate workshops. In the next section, we further explore the manner in which youth were involved in developing and launching the PMI interventions.

3.2 Youth Involvement in Design

PMI extended the social marketing norm of gathering data from the target group to including the target population in designing the prevention marketing interventions. Most of the sites expressed a feeling of success in how youth were incorporated in designing various aspects of the interventions. A respondent in Phoenix said, "this program has been very open to youth participation. I would say it is youth driven. One of the most youth driven programs I have ever seen." Another respondent, from Newark, said, "this is a youth driven program. We don't do anything that involves youth without checking with the youth. Wc take their lead on what we should do and how we should do it." In a discussion of the youth's lead role in selecting the logo for one site, a staff member highlighted the increasing weight of youth input over the course of the program: "An important decision like that would have been driven by the AC, which included adults and youth. But once we got into implementation, the target audience input outweighed the AC input."

The primary role of youth in developing the interventions was to make sure the PMI messages and materials would appeal to the target audience. For example, youth would review the messages to make sure the right language was used, see if the youth in the media looked like people they would know, and check if there was anything offensive to youth. As a respondent in Sacramento said, young pcoplc were able to decide if the media and materials were "cool."

One way youth were involved was in choosing the local PMI name and logo. For example, in Phoenix the focus groups with young people surfaced the idea that using condoms showed that teens "cared" about their partners and their futures. Phoenix youth incorporated this information into the program name that they helped create, YouthCARE, and then selected the YouthCARE logo and colors from a series of choices provided by an ad agency contracted by PMI. The Newark YC gathered in a confcrcncc room for several hours until they achieved consensus on the program name – ACES (Abstinence, Condoms, Education, Skills) -- and the logo. Sacramento youth helped to choose the name Teens Stopping AIDS, which they felt gave a clear message of what the program was about and stressed the idea of peers influencing other teens to adopt safer behaviors.

Youth played a major role in adapting the workshop curricula. In Newark, YC members spent two or three sessions going through the entire workshop curriculum, making sure it was appropriate to the target audience and not boring. YC members in Nashville were on the curriculum selection committee and played a large part in adapting it to local youth culture. Phoenix YC members were the first to receive the workshop and then helped to adapt it, after which they were trained on how to be workshop facilitators.

Finally, youth played a strong role in many sites in the design of media materials and other components. In Nashville, youth worked directly with a scriptwriter to develop the scenarios, characters, situations, and language for the radio soap opera. In Phoenix, a creative team of five or six youth was formed to work for about six months on ideas for media and materials. The advertising agency would then create products from the youth ideas, and YC members would have to approve or disapprove of them. In Sacramento, YC members reviewed products such as posters, handbills, and bus sideboards, and they played a large part in developing the script for their 1-800 information hotline. Sacramento PMI also went to youth in organizations outside PMI to test their materials, such as young people from the Urban League. In this way, a variety of youth opinions, especially from teens who had not been deeply involved in PMI. could be incorporated into the final products. In Northern Virginia, even though no YC existed during the implementation phase, PMI staff tested materials with students at a local high school.

It is important to point out that young people provided input into the design of products throughout the life of the project. Their participation began in the planning phase and continued throughout the implementation of the inrcrventions. The inclusion of members of the target audicncc, and of other young people, was considered critical to keeping media materials appealing and appropriate, and to reaching out to potential participants in workshops.

3.3 Development and Implementation of Interventions

At the time sites were transitioning into the implementation phase, CDC established an "accountability process" that encouraged sites to proceed more quickly toward implementing their interventions. The national partners were aware that during the transition process many changes were made in sites. including changes in the lead agencies and advisory committees. It took time to accomplish these changes. bur as the calendar year 1996 closed, national partners were concerned that the end of the project period was "looming rapidly." This meant that the local sites needed to launch their interventions even as some of them were in the midst of orienting new staff and AC members who were still learning what had happened earlier in the project.

CDC created a requirement that two components of each site's plan had to be up and running hy September 1997. One component had to bc intensive and in-depth. which meant that it had to reach a specific number of youth, and the other could be either intensive or broad reaching. depending on the site's plan. CDC worked with each site to set specific goals for the number of youth from the target audience it would reach and established deadlines for doing so. The purpose for setting these goals and deadlines was to demonstrate whether the prevention marketing model could reach a sufficient number of the targeted young people with the interventions, to enable quantitative program evaluation to take place and to defend use of the term 'social marketing.' The interventions are summarized in Table 3.2.

Table 3.2 Interventions Launched by the PMI Demonstration Sites

Site	Intensive Reach	Broad Reach
Nashville	Skills-building workshop: *Be Proud! Be Responsible!* Parent Workshop	Radio Soap Opera Varied community outreach activities
Newark	*Be Prod! He Responsible!* Parent Support Network	Varied community outreach activities
Northern Virginia	*Be Proud! He Responsible!*	Poster/poetry contest Movie theater ads Radio ads Television PSAs Varied community outreach activities
Phoenix	*Be Prod! Be Responsible!*	Peer outreach Billboards Radio ads
Sacramento	*Be Proud! Be Responsible!*	Peer outreach Telephone information line Bus sideboards Radio ads

3.3.1 Workshops

The cornerstone of each PMI demonstration site's intervention was the skills-building workshop. The workshops were the intervention component where the target audience was reached for a substantial period of time and a large amount of information passed to them. Much of the media and other materials were primarily designed to work alongside the workshops in order to recruit youth for them, or as incentives for participating in them (such as free T-shirts, key chains, hats, and condom packets).

Development of Workshops

Each site had the opportunity to choose its workshop curriculum. AED began the process of searching for and identifying potential curricula that could be adapted to the PMI program. Rather than

staff in each site having to find what curricula were available. how to access them. whether or not they were appropriate, and what they contained. AED provided the sites with a list' of potential curricula that the sites were then able to narrow down and choose from. AED provided a "cheat sheet" of choices. with criteria on how to judge whether the curricula addressed the behavioral objectives, target group, and the knowledge, skills. and norms sites wanted to address. In independent processes. all five demonstration sites chose the Be *Proud! Be Responsible!*[2] curriculum as the most appropriate choice for teaching the young people in their communities.

The next step in the process was to adapt and modify the curriculum to meet locally based objectives and target populations. In Nashville and Newark, staff and AC members received assistance in adapting the workshop curriculum from consultants who were involved with the group that designed the *Be Proud! Be Responsible!* curriculum. In Sacramento, AED helped to rc-write the curriculum, while in Phoenix PMI staff and YC members adapted the curriculum themselves without the help of outside consultants. The Northern Virginia PMI used the original *Be Proud.' Be Responsible!* curriculum without modification. All of the sites that made modifications to the original curriculum were required to have the changes approved by the national partners before they could begin offering workshops.

Nashville PMI provides an example of the way that the workshop was modified in line with results from formative research on community norms. The site made two major modifications to the *Be Proud! He Responsible!* curriculum to make it fit more closely to their objectives. One modification was the addition of a two-hour module for parenting adults that includes HIV/AIDS information, condom use skills, and communication skills to enhance the ability of parents to speak with their teens about the material in the curriculum. This extra section was called "parenting adults" because it is not restricted only to parents, but includes other relatives. guardians, or other adults involved with mcntoring teens. Adults for these workshops were recruited from church groups, an AFDC program for parents. a GED/college prep program, and other community organizations. Another modification to the workshop curriculum was the addition of references to STDs and teen pregnancy in addition to HIV/AIDS, and a segment on sexual decision-making that emphasizes abstinence.

Newark PMI also developed a parent workshop that was hailed as an important contribution of PMI to the community. A four-hour component, the workshop was targeted to anyone with care-taking responsibilities for teenagers. Facilitators found that adults were eager to have the skills and knowledge to communicate well with their adolescents. With regard to the teen workshop, Newark PMI added three

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1 See the "Curricula That Work" project, Division of' Adolescent School Health, CDC.

2 Jemmott, LS, Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible!* New *York:* Select Media. 1994.

sessions on delay, goals and dreams. and pregnancy prevention. As in Nashville, formative research showed that these issues were of concern to the community.

Implementation of Workshops

As mentioned above, all five of the PMI demonstration sites chose the He *Proud! Be Responsible!* curriculum for their workshops and all sites but Northern Virginia adapted the curriculum to match the local community context and teen culture. The following examples will demonstrate how the workshop curricula in the different sites varied while at the same time staying true to the basic structure and techniques of the original curriculum.

Nashville ***PMI.*** In Nashville, the teen workshops consisted of seven modules that took place over eight hours, usually for a group of IO-15 teens. The modules could bc broken down into several configurations, according to the host organization's convenience. For example, a local HMO and the public parks department in Nashville organized workshops over a 4-5 week period, on the same day each week. Some organizations held the workshops in a two-day period, four hours each day. The workshops were conducted at community-based organizations (CBOs), youth detention facilities, community centers, churches, and public schools.

In most cases, a person from the organization hosting a workshop was responsible for pulling the teens together, usually through a pre-existing program in the organization. This person was responsible for introducing the program, explaining the workshops, getting the consent forms from cveryonc, developing a roster, and setting a schedule for the workshop. It was the site-based person's responsibility to gather the teens together for the workshop, where a trained workshop facilitator then took over delivering the workshop.

Usually one facilitator handled a workshop, although a second person was present for larger groups. Staff were able to recruit workshop facilitators from a number of places. Some were involved in the community planning process, a few were employees of local CBOs that were hosting the workshops, as well as those who simply called PMI looking for employment.

Teens were given an incentive to attend the workshops. In addition to a PMI T-shirt, they received a $20 gift certificate to local merchants, such as hairstylists, nail shops, malls, or a shoe store if they completed all seven sessions of the workshop. Parenting adults received a T-shirt, a gift certificate to a grocery store, and a packet that contained a notepad and pencil and information on HIV/AIDS, how to communicate with teens, and where they could obtain additional information.

Newark PMI. The workshops in **Newark consisted** of **nine** 1-hour sessions. usually given as three 1-hour sessions per day over three days. Wc were told that if the three days were back-to-back, most of the teens returned for all three sessions, but if spread out too far. some of the teens did not **complete** the program. Most groups had up to I5 participants.

Newark PMI contracted **the coordination of the workshops to** a **local** CBO **that had** been involved **with the demonstration project since its inception.** The **subcontractor** scheduled **the workshops and recruited youth for them. Newark** PMI **staff recruited additional host organizations for** the **workshops. In** order **to accomplish this,** they did a mass mailing to youth-serving CBOs, went to rallies **for young people, to** schools, to a homeless shelter for **youth, to** a **local community development corporation, and to** grass **roots organizations such as tenants' associations. Sometimes parents asked** PMI **to** come to **their** area. **Although** PMI **initially was skeptical of working with** the **public schools because of** a fear of difficulty **and resistance, they found that** they **provided more workshops in the school system than any place** else. **In spite of** the **public** schools' no-condom **policy, the workshops included demonstrations of how to use condoms and practice using them among participants. However, workshop facilitators did not distribute condoms for people to take with them.**

The workshop facilitators in Newark were **betwccn I8 and 24 years old and usually** worked in pairs. Teens in the workshops **were** said to connect faster with the young facilitators and were thought to bc less bashful about sharing information with them than with adults. Respondents felt that this made it easier to get across the messages of the workshop. Teens received a gift certificate to a sporting goods store, clothing store, or shoe store as an incentive for completing the workshops.

Newark PMI also held parent workshops, which were shorter (4 hours) than the **teen workshops. The goal of** the parent workshops was to provide parents and other caretakers with the **same** skills as their teenagers, so they would feel comfortable communicating with teens about the kinds of materials presented in the teen workshops. Graduates of the parent workshops formed a Parent Network, and some parents became spokespeople for the program. Facilitators gave out a registration form to the adults in these workshops that asked if they could think of **anyone** else who would benefit from the workshop, and many of the later parent workshops were filled with people who were family or friends of those who had already been through the workshop. Feedback from the workshops was that it "opens parents' eyes" and opens up their ability to communicate with their teenagers about difficult issues, other than just sex.

Northern Virginia PMI. The Northern Virginia PMI workshops were the *Be Proud! Be Responsible!* **curriculum without modification.** The curriculum consisted of six l-hour sections, often delivered over three days. Workshops were held in local CBOs and youth detention facilities. The host organizations received a monetary incentive for bringing the groups of teens together and hosting the

workshops. Youth were given incentives for completing workshops, including PMI collateral materials and gift certificates to places like movie theaters. Workshop facilitators in Northern Virginia were hired and paid by PMI staff and ranged in age from being almost peers to the youth to being grandmothers.

Phoenix PMI. In Phoenix, the workshops were held at charter schools, group homes (such as for young males on probation), community colleges, and the local university. PMI workshops were not given in the regular public schools in this city where proponents of abstinence-only education are very active and influential. Organizations that hosted the workshops were paid $200 to recruit 10-15 teenagers per workshop, provide the location. and provide a meal for participants. Workshops were facilitated by an adult and a young person together. both trained and paid by PMI staff.

Sacramento PMI. In Sacramento, the workshops consisted of six 1 -hour sessions. Facilitators sometimes conducted these as an all-day session (7 hours with I hour as food break), but often divided them into two 3-hour days. There were two primary agencies that delivered the workshops in Sacramento. In addition, workshops had been given in the juvenile hall, community centers, and schools (alternative and public).

Sacramento PMI used "near peers" to help facilitate the workshops. Near peers were often college-aged. which helped them bridge the gap between the teen audience and adult facilitators. The teens in the workshops were said to be able to identify with the near peers and the near peers could translate the slang teens used when talking about sensitive subjects. Near peers were often somebody who went through a workshop and seemed enthusiastic; at other times, a near peer was someone who worked for the host agency. Being a near peer was a part-time job. Near peers were trained at a facilitator training or just by watching a facilitator.

As one can see from the above examples, there were many ways the workshops could vary according to site – the number of sessions and overall length of workshops; the addition of sessions on subjects such as STDs, pregnancy prevention, and abstinence; the number and ages of workshop facilitators; the addition of separate "parent" workshops: and the kinds of community organizations that hosted workshops. At the same time, the primary commonality among workshops was that they promoted both knowledge and skills in an effort to develop responsible behavior among adolescents.

3.3.2 Media

All five sites developed outreach materials that made use of products such as T-shirts that helped create visibility for the local PMI program. Furthermore, each of the PMI demonstration sites strongly considered implementing a media component as part of the interventions, and four of the five sites did so.

While the media elements did not reach teens with the same length and intensity as in-person workshops, they were a way to get each site's PMI name and logo out into the community and to promote the behavior change objectives among the target populations. Below are examples from each of the five sites.

Nashville PMI. Nashville PMI created something uniquely crcativc, a radio soap opera called "Reality Check." Situations from the radio soap opera were designed so that the characters would consistently operationalizc the two behavioral objectives of Nashville PMI and stress the concepts of behavior change and knowledge acquisition. The final line for every episode is "It's not what you know. but what you do."

The idea for the radio soap opera evolved out of the focus groups conducted with local adolescents during the formative research. The teens identified radio as the medium that would reach them best. This is because young people were more likely to listen to music than to watch television, and tended to look at magazines for advertisements rather than read the articles. Thcrcforc, television or print media did not seem to be good ways of reaching the target audience. YC members understood the implications of this research and wanted to produce something similar to a popular radio soap opera targeted to African-American women.

PMI staff identified 13 zip codes that house the largest number of African-American teenagers and ordered an *Arbitron* report that helped them identify the most popular radio station for the target population. PMI then hired a marketing consultant to help market the radio soap opera concept to the radio station. It should be noted that this step was taken before beginning script development or segment production. When the station agreed to air the show, PMI hired an African-American production company to create the episodes. The head writer developed the script in conjunction and collaboration with the PMI youth members. She held a writing workshop for the YC in which members helped to develop characters, a storyline. situations, and language that reflected the reality of African-American youth in Nashville. The scripts received constant feedback from the YC and AC and underwent final approval from the national partners. The production company also cast the soap opera and rehearsed the actors. A member of the YC delivered the tag line in each episode. and other members have acted in the soap opera.

This media aspect of Nashville PMI's program is seen as a great success. Nashville PM1 planned 13 episodes, but due to great demand created an additional I3 episodes. Also, a second Nashville radio station began to air the episodes as part of a public health director's radio show and the original station has been broadcasting t-c-runs. In addition, more episodes are planned for the future. Requests for episodes have come from other cities. and the radio soap opera became known to the international HIV prevention community through a poster presentation at the Twelfth International AIDS Confcrcncc.

Newark PMI. The youth members in Newark also wanted to develop a media component, and were hoping to be able to work with staff and community members to develop transit advertisements. Unfortunately, this project met with delay and was not able to be completed during the life of the program. However, as noted above, young people were critical to developing the logo for PMI. When participating in outreach activities, they always brought T-shirts, key chains, and other small items with them that helped to get the ACES/PMI name into the community.

Northern Virginia *PMI.* Collateral materials such as T-shirts and flyers, and media such as radio ads, PSAs on local cable TV public access channels, and movie theater ads giving teens information on how to contact PMI were all important to the PMI strategy in Northern Virginia. Staff used media to generate coverage of their PMI scholarship program in both print and broadcast media, including the *Washington Post,* a network television station, and a 30-minute interview on the local radio station most popular with African-American teens. According to key respondents, through media Northern Virginia PMI reached more than 1 million people with information about the program. Radio and television ads generated more than 100 telephone calls requesting information about free testing, risk factors, and other STD/HIV issues.

Phoenix PMI. In Phoenix, PMI produced numerous media and peripheral materials. The site produced two billboards, three radio spots, and a series of collateral materials (brochures, temporary tattoos, stickers, condom inserts and wrappers). The YC in Phoenix took part in designing the billboards and YC members modeled for the billboards. The Phoenix YC produced a "zine" with articles and comics done by YC members and including information on STDs and HIV. "Care packages," similar to the "packets" in Sacramento, that contained two condoms, a flyer about where to get help and information, and instructions on condom use were also distributed.

Sacramento PMI. As in other sites, the media program in Sacramento was one aspect of a larger program, including elements such as workshops, outreach, and the PMI telephone information line. The first media campaign used radio spots to focus on the message of consistent and correct usage of condoms. The second media campaign built on the first message, but added a focus on empowerment, including the ability to communicate with partners. The goal of this media component was to provide a consistent and reinforcing message for teens who were already sexually active to be safely active.

Sacramento PMI produced radio ads, designed ads for the sides of city buses, and created materials such as posters, buttons, stickers, temporary tattoos, pencils, handbills, and packets. There were three types of packets – "safer" packets, which contained condoms, instructions, and other prevention information; "delay" packets, for young people who wished to follow abstinence; and "information only"

packets, which contained information on safe sex but did not contain condoms. Volunteers from local senior citizens groups helped assemble the packets and other incentive materials.

A primary component of the PMI intervention in Sacramento was its 1-800 information line. The information line provided automated information to teens as well as parents, and gave teens information about workshops. Once a person called the line, voice prompts directed teens and parents to separate lines within the system. The information line received around 300 calls per month.

Sacramento PMI staff carefully linked each of the media components with each other. and with the workshop component of their intervention. They got the information line up and running. tested it, and made revisions before starting other aspects of their intervention. Staff wanted the line ready when they initiated the workshops, so they could hand out materials containing the phone number to participants. They also wanted to see how the workshops went before beginning the media campaign, so as not to bring a lot of attention to the program until the workshops were in place, and staff could ascertain if sponsoring agencies were pleased with the program. In turn, PMI started radio ads three months after starting the workshops. In this way, staff saw that PMI had delivered a few workshops and had not received any public outcry. They then phased in the rest of the media campaign over time.

Each of the sites that implemented media interventions followed a process of developing ideas, creating materials. running them through several layers of editing and approval, and implementing their media interventions. The following example from Sacramento. while distinct for the site, can be looked at to show the many steps followed to bring media intervrntions from idea to product.

Sacramento PMI followed several steps in developing its media messages:

- PMI staff and people from the advertising agency wrote text or came up with designs.
- The text or design was brought to the YC for review,
- Materials were brought to two alternative youth groups for review, to get the opinion of youth not already socialized into PM1 norms and values,
- A community review panel of five members, not part of the AC also reviewed materials, and
- AED and CDC reviewed the materials and provided feedback or final approval.

The entire review process took from one week to I8 months, but usually took between three and six weeks.

Sacramento PMI contracted outside advertising agencies to market, negotiate media-buys, and create radio ads and materials. One advertising contractor did an analysis of the entire media market in Sacramento to look at the concentration of teens in certain zip codes and look at the ages, ethnicity, and

income in different areas. The contractor next found the top three radio stations most popular among teens in those areas and decided what to produce and how to divide the funding among the stations, depending on the audience size of each station. The contractor created the radio spots (within the PMI approval process), including creating the concepts and scripts, selecting the talent, pricing the cost of studio time for production, producing the spots, distributing them to the radio stations, and making sure the spots were played at the correct times. PMI was also able to get the spots run as PSAs because of the social aspect of the project, which helped get the spots run in the evenings when more young people would he listening. This also saved money for the project.

The same ad agency created signs for the sides of buses, another component of Sacramento PMI's media intervention. The process for doing this consisted of creating the concept, developing the slogan/tagline, creating the graphic design, and negotiating with Rapid Transit to get space on buses. The transit signs in Sacramento went through nine revisions, with extensive PMI staff, YC, and AC input.

3.3.3 Outreach

All sites engaged in outreach activities. The sites that included outreach as distinct intervention components were Phoenix and Sacramento. In Phoenix, youth did outreach at health fairs, concerts, raves, and in coordination with local radio stations. Phoenix PML had an extensive outreach training process that all youth were required to take before they were allowed to take part in outreach. Anyone who wanted to do outreach was required to attend a workshop, in order to receive basic knowledge about HIV/AIDS. The workshop was the main venue for recruiting youth for the outreach training.

The training occurred over two days. The first day covered general HIV information, a definition of outreach, information on how to talk to peers about sex and uncomfortable subjects, and a discussion of how participants would conduct outreach for PMI. After this first day, the participants were required to complete six peer surveys with friends in their communities. Participants returned the next week for the second part of the training and brought the six completed surveys with them. The second part of outreach training consisted of a discussion of the process of conducting the surveys. and a 90-minute training on doing outreach in public. The teens were paid $50 after the initial survey debriefing and received a prize after each additional IO outreach surveys they completed. For example, after IO outreaches the prize was a gift certificate to McDonalds; after IO more it was movie passes; after IO more it was a gift certificate for a music store; then a gift certificate to a clothing store; this repeated after each SO outreach surveys completed.

The Phoenix PMI outreach coordinator, a former YC mcmbcr, contacted the radio station that was hosting an event or the venue where outreach was to occur and coordinated the outreach effort. At

outreach events. the teens gave out prizes, key chains. condoms, and other PMI materials – all with the YouthCARE logo on them. They would conduct a verbal survey with young people that took about five minutes for each one. They did not recruit for PMI workshops during outreach activities. because workshops were primarily given to youth who were already clients of organizations that hosted the workshops. Outreach usually occurred on the evenings or on weekends.

In Sacramento. YC members conducted outreach at popular teen venues where they spoke with other teens about HIV prevention and distributed packets – safer packets, delay packets, and information-only packets. Since they had paid advertising on local radio, stations brought PMI to many large concerts and set up tables for PMI representatives. DJs from the stations had also talked about Teens Stopping AIDS on stage at concerts, made condoms available. directed people in the audience to pet condoms from PMI youth, and let PMI youth go through the crowd handing out packets. In addition to their paid advertisements, PMI received free promotion on the radio when the stations were announcing upcoming concerts that PMI would attend. Another form of outreach by PMI youth occurred at a weekly street market in the city, a venue very popular with local teenagers. PMI youth provided face-to-face information on HIV/AIDS prevention, gave out Teens Stopping AIDS materials, and promoted youth involvement in the program. Outreach was also built into the workshops in Sacramento, where each participant was given a list of prevention messages to deliver to at least three of his/her friends.

While Phoenix and Sacramento had the most structured outreach interventions, other PMI sites also conducted outreach on more of an *ad hoc* basis. PMI staff and youth from Nashville also conducted outreach at health fairs and confercnccs, where they distributed brochures and flyers about the program. Newark PMI YC members were present at numerous community events such as health fairs, where they conducted peer outreach. and other PMI staff and youth gave presentations at churches, CBOs, and school groups.

Northern Virginia PMI had booths at local health fairs and festivals, held a community forum entitled "Reaching African-American Teens: Solutions to the HIV/AIDS and STD Crisis" to educate and inform local CBOs, and held a six-week scholarship contest where teens submitted poetry and posters about HIV prevention. While PMI had not been able to hold workshops in public schools in Northern Virginia, it held an awards reception for the contest in one of the local schools. The reception attracted 150 teens, as well as parents, friends, community leaders. and AC members. PMI staff were able to deliver an HIV prevention talk at the reception. Furthermore. this example again illustrates the manner in which sites sought to link the various components of their interventions. In order to submit an entry into the contest, the youngsters were required to have taken the *Be Proud! Be Responsible!* workshop through PMI.

3.4 Recruiting and Retaining Youth for Interventions

The ability to recruit young people as participants in PMI was critical to the success of the interventions. Respondents across all sites agreed that the workshop content was engaging. However, the length of the workshops sometimes meant that there was attrition over sessions. In this section. we discuss some of the methods used to recruit young people and to see that they completed the workshop intervention.

Nashville PMI used a variety of recruitment strategies. Representatives set up a booth at an adolescent pregnancy prevention conference where staff and young people reached 150 to 200 attendees with information about HIV/STD prevention and the PMI program. PMI was also represented at a school health fair where 300 teens filled out rcgistrution forms to attend the workshops. However, of the original 300 forms that were completed. only 20 teens attended the workshops. Respondents point out. though, that they at least spoke with all 300 original registrants and gave out brochures and flyers on HIV/STD prevention and PMI. Incentives were used to retain teens for all seven modules of the workshops in Nashville. Incentives included a coupon for girls to get their hair or nails done at a particular beautician and for boys to get their hair cut into the latest styles at a barber. These local entrepreneurs received information from PMI that enabled them to reinforce the behavioral objectives.

Staff from Newark PMI did a major mailing targeting CBOs. as well as a lot of networking with agencies and organizations. They also delivered PMI-related presentations in the community. A very effective method for recruiting youth was simply through word-of-mouth and through the peer outreach activities discussed above. Newark PMI also collaborated with organizations such as public schools, CBOs, and the "Pre-College Consortium." a program conducted at the local public university. PMI staff gave several presentations at churches, and while they were unable to conduct workshops in churches, congregants and ministers were open to learning about the program and steering young people to workshops held in CBOs.

Staff from Northern Virginia PMI held a community forum entitled "Reaching African-American Teens: Solutions to the HIV/AIDS and STD Crisis," which was attended by representatives of nearly 40 CBOs, government agencies, educational institutions, and others involved in working with youth. Respondents told us that many community organizations that serve young people in Northern Virginia are not involved in HIV prevention. However. once informed of the threat of HIV among youth in their community, some got involved in PMI by recruiting young people in their catchment areas for PMI workshops. Northern Virginia PMI staff also sent mass mailings to local CBOs informing them about PMI and inviting them to host PMI workshops, including receiving monetary payments for each workshop they hosted.

Youth who received the PMI workshops in Phoenix were existing clientele of the community-based organizations that hosted the workshops. The PMI site director used his prior experience and knowledge from working with youth-serving organizations as part of the lead agency to recruit organizations in the community to be workshop hosts. Recruitment and retention of youth for the workshops was the responsibility of the hosting organization. as a requisite for receiving incentives from PMI.

In Sacramento, youth were recruited through car washes held by YC mcmbcrs, and through outreach by YC members at basketball games, parks, schools, and even at a fast food chain. These were all venues in which YC members spoke to other young people about the program. One implementing organization in Sacramento offered youth job leads and access to computers in order to prepare resumes as incentives to participate in workshops. They also offered youth access to after-school activities and programs sponsored by the agency.

Incentives were important to both individual program participants and to the sponsoring organizations. One organization that held workshops told teens that if they wanted funds for extra activities such as cheerleading competitions and sports, they must attend the PMI workshops. While this approach appears somewhat manipulative, another respondent pointed out to us that many CBOs arc in difficult straits.

3.5 Impact on Communities

PMI had a major effect on the communities in which it was housed. The effect was greatest in those demonstration sites that enjoyed continuity in the program. This conclusion is drawn from responses of interviewees to questions concerning community collaboration and program reach. In interpreting these responses, we discerned several categories of community impact. **They are (1) capacity building, (2) partnership development. (3) knowledge dissemination.** and (4) the breaking down of barriers. Thcsc categories arc not entirely discrete; for example, partners share knowledge with each other in order to build capacity and break down barriers. In the remainder of this section, we present qualitative evidence concerning this community impact

PMI built community capacity through the development of new relationships with and among organizations. For example, in Phoenix and Nashville, PMI developed important relationships with local universities and with media outlets. Northern Virginia respondents remarked on the lack of an HIV/AIDS prevention resource for African-American youth, a void that PMI was filling. In Sacramento, the situation was framed somewhat differently, where PMI was filling a void in the area of prevention. Also in Sacramento. four agencies adopted the PMI curriculum, even without PMI funding. In other

communities. it appeared that the knowledge and skills of PMI were affecting some agencies that hosted or advised the program during its demonstration period.

One way in which the knowledge and skills associated with PMI were diffused throughout the demonstrate site communities was through the membership on planning and advisory committees, including youth committees. For example, we were told of the important contacts made among members that assisted them in devclopinp later proposals, or prevented them from "reinventing the wheel." This was because meetings offered an opportunity for members to "debrief' each other on what was occurring in their home agencies. PMI staff told us that rnany of the organizations involved in PMI advisory committees had developed new relationships that they would not have developed if it were not for PMI. since there had previously been no forum for interaction among youth-serving agencies, HIV prevention agencies, and other community organizations.

One unique way that partnership building and community capacity building overlapped was through the relationships built with implementation partners, including those that were not members of CBOs or other non-profit agencies. In Phoenix, we were told that staff built "a real team with the ad agencies. This is a different type of collaboration; a different feel." An example from Nashville showed how the vendors that offered gift certificates used as workshop incentives participated in the intcrvcntions:

> *We invited them [vendors] and gave them an overview of our program so thy): are able to question the youth and parenting adults if they come in. ...They help get the word out about the workshops and keep the interest going. They have the dialogue with the participants once they come into the shop.*

Not only were vendors reinforcing the PMI message to customers, but knowledge and skills were diffused further into the community through this effort.

Knowledge dissemination could not occur without the networking and partnership efforts that were a distinguishing feature of PMI. Project staff worked hard to make PMI known in the various communities in which it was located. Respondents noted numerous task forces, advisory groups, planning groups, and coalitions in which PMI staff participated. These included local HIV prevention community planning groups, Kyan White community planning groups, adolescent pregnancy prevention networks. and minority health task forces. Partly through such connections. PMI staff in two sites were invited to train other agencies and academic organizations on the principles of social marketing.

PMI was also seen as "a source... for information and connections." One site director told us:

We are constantly giving people resources, information, and data to be used in proposals or the new development of a program. We have a community resource inventory that other agencies use. Other agencies have borrowed our AIDS awareness games. ... I don't think anyone else had done extensive formative research in this community. No one else is as up-to-date on the statistics and the data and the trends among teens as we are. ... People are constantly documenting our research in grant proposals.

This statement illustrates that it is not just the intervention itself that has had an impact on the host communities, but that the painstaking work that was done in order to develop the interventions also reached beyond PMI and affected the standard for developing new programs.

PMI programs entered locations that had been deemed difficult to breach. Some of these were agencies located in unsafe neighborhoods. and some were in environments where young people were labeled hard-to-reach. Facilitators who worked in these areas or with these youth spoke highly of their experience, and the implementation partners spoke well of PMI's ability to work with the populations they scrvcd.

A major barrier that PMI overcame was in working with schools, and to a lesser extent. churches. PMI held workshops in public or charter schools in four out of the five demonstration sites. Fewer workshops were actually held **in churches (or CBOs affiliated with churches). but PMI staff networked with ministers and** spoke to congregations about the program. In this way, PMI had an impact both on the community in which it was located. and on the larger HIV prevention community by demonstrating that it is possible to break new ground if a program is well-connected and can offer a product of value.

3.6 Barriers and Facilitators

In this section we list some of the barriers, mentioned by our respondents, to implementing the PMI interventions in the demonstration sites. We also describe facilitators, or positive aspects of the interventions that respondents described to us.

3.6.1 Barriers to Implementing Interventions

Some of the primary barriers to imptcmenting the PMI interventions in the sites were related to organizational changes discussed in Chapter 2. The changes in the sites, often from a lead agency more comfortable with planning to one with more experience in **service delivery,** was **still taking** place in some sites right up to the time that CDC set deadlines and goals **for reaching a** certain **number of the** target population. Certain sites also had extensive turnover of **AC members** at that time. Additionally, several respondents told us that there was hesitancy among participants to **move from** planning **to**

implementation, because of a perceived pressure to deliver something "important" and "groundbreaking." As one respondent said, "staying in planning was a way to avoid real implementation," and that there was "a hesitancy about getting out there and getting their feet wet." Lastly, the complex nature of the PMI interventions, with multiple interacting components, required a year or more to move from a mandate such as "conduct workshops" to actually choosing and adapting a curriculum. This is because of the need to move through several layers of approval, make connections with host organizations, and operationalize the logistics of delivering the workshops to groups of youth.

While these barriers did not directly affect the ability to deliver the PMI interventions, they caused initiation of the implementation to be delayed. Because of this, there was general consensus among the people with whom we spoke that getting all the interacting components of the interventions up and running occurred later than they had hoped and, because of this, the programs could have used another year to reach the target audience the way they would have liked.

Another barrier to getting the interventions in place was the extensive layers of approval necessary for PMI materials. A common theme among PMI staff, AC members, and implementation partners was that the demonstration projects had many layers of approvals -- youth committees, advisory committees, community boards, staff, AED, and CDC -- which often added several weeks or even months onto the time it took to develop intervention materials. While thcsc approval requirements may have positively affected the quality of PMI materials, respondents saw them as something that could be streamlined when the program is not a demonstration project. This could alleviate one of the factors that delayed the implementations.

Once programs had their interventions in place, a barrier mentioned in multiple sites was the difficulty in trying to combine the needs of rigorous evaluation with the recruitment and retention of youth for the workshops. This issue is examined further in the following chapter.

The PMI sites encountered barriers to delivering the PMI workshops in schools and churches, due to the hesitancy of these organizations to allow discussion, demonstration, or distribution of condoms to young people. For example, in Phoenix the public schools are restricted by law to deliver abstinence-only education, which severely limits the ability to deliver the PMI interventions in thcsc locations. Phoenix PMI was able to offer the workshops in charter schools however, but even thcsc schools had to bc approached on an individual basis because of a hesitancy on administrators part due. to confusion about whether or not the abstinence-only laws applied to them. When programs in other sites were able to get into the public schools, delays were often created by the need for additional parental consent and approval by school administrations and boards of education.

3.6.2 Facilitators to Implementing Interventions

In general, most of the people with whom we spoke in the demonstration sites were pleased with the interventions. One aspect considered a great success by many respondents was the inclusion of young people in decision making. Young people made decisions about the words, images, and other details of the intervention components. Respondents were also pleased with the media materials and campaigns, and with the workshop curricula as they were implemented in the sites. A common theme that we heard among respondents was that youth found the workshops to be interesting, fun, and entertaining, as well as informative. One implementation partner even told us that some youth would come back to receive the workshop a second time because they found it so enjoyable.

Another great success according to respondents was the way that the different components of the interventions worked together and complemented each other. For example, in Sacramento, the media and collateral materials advertised both the workshops and the I-800 information line. At the same time, the information line referenced the workshops, and those who completed the workshops served as an ongoing source of information and help for the information line. This complementarity of intervention components was true to some extent in every site, a product of the prevention marketing process developed over the past five years in each community.

We heard from workshop facilitators that the young people who went through the workshops enjoyed and remembered them so much that the workshop facilitators were often recognized and approached in the community and thanked by youth. This acceptance even extended to the parents and others in the community. One facilitator told us that he was recognized in the community and introduced by teenagers to their parents as "the condom guy," and that the parents were pleased to meet him. Another facilitator spoke about riding with YC members in a PMI car in a parade and being cheered by community members.

While most sites were not able to deliver the PMI workshops in churches, some PMI staff established relationships with clergy and delivered presentations to congregants about the problem of HIV among youth. One site was able to convince pastors of the importance of delivering prevention education to youth and church youth were then referred to community organizations where they could receive the PMI workshop. In Nashville, a workshop was held in a church setting. Four of the five sites held workshops in schools. These and other examples show that a well-prepared HIV prevention intervention, even if it includes frank discussion and condom demonstrations, can be accepted in communities when presented in a well-designed manner.

Chapter 4.0
Evaluation

4.0 Evaluation

The evaluation of the Prevention Marketing Initiative (PMI) interventions occurred in several different forms and at different levels. This chapter focuses on the efforts to evaluate the PMI interventions, looking mainly at the goals of the evaluation and how it was conducted, and less on the evaluation outcomes. As of this writing, much of the data have not yet been analyzed. However, we learned much about the process of evaluating a complex program like PMI. These results arc presented in this chapter and discussed further in Chapter 6.

4.1 Evaluation Strategies

Due to the complexity of the PMI interventions, several forms of evaluation were used to try to capture the entire picture of the effects of PMI. The main types of evaluation were: (I) a community-based telephone interview in the Sacramento site assessing the reach and impact of the program; (2) a workshop evaluation looking at the effcctivcncss of the program for participants; (3) process evaluation including this case study and a list of Progress Indicators; (4) monitoring and accountability, and (5) evaluations, both formal and informal, undertaken by sites themselves.

4.1.1 The Community-Bawd Telephone Survey

The community-based outcomes study was designed as a random digit dialing (RDD) telephone survey of teenagers in three of the communities housing PMI. The survey asked teens about their personal sexual and risk behavior; and their knowledge and attitudes about condoms, abstinence, HIV/AIDS, pregnancy, and other sexually transmitted diseases (STDs). The survey also captured awareness of, and the effects of exposure to, the PMI interventions in the site. Two of the PMI sites wet-c not selected due to the young age of their target population: youth under the age of fifteen. In the other three sites – Phoenix, Northern Virginia and Sacramento – baseline surveys were conducted in Dcccmbcr 1996.

Researchers from Battelle conducted the telephone surveys utilizing databases bought from commercial marketers. Two problems led to a decision to only conduct follow-up surveys in one site – Sacramento. First. these databases were often found to be out-of-date due to the transient nature of the study population of teens. Second. focusing on a tight geographic area, in the belief that this wouldhelp capture points of exposure to the PMI program, resulted in insufficient numbers of youth in the target

population to continue with the survey in Phoenix and Northern Virginia. In Sacramento, the telephone survey covered the entire target area of fifteen zip codes, an approach that local staff had suggested. This broad strategy enabled the survey to reach a large enough sample size of teens to yield valid results.

In September 1998, researchers completed the fifth round of telephone interviews in the Sacramento area. Even though these results were not available at the time of the Battelle site visit, the preliminary results from earlier rounds of the survey had already proven useful to the site. Early survey data indicated that female teens had more positive attitudes towards condoms if they thought their friends were using them. Male teens, on the other hand, were more influenced by a direct request from a partner. The Sacramento site used these data to inform their second round of PSAs. The female-oriented one had a group of girls finding a condom in another teen's backpack, and deciding to carry condoms themselves. The male-oriented PSA had a partner asking a male to use a condom. Results from the third round of the survey showed a forty-percent exposure to the PMI interventions among teens in the Sacramento area.

Analysis of data from the fifth round of telephone interviews has demonstrated that exposure to the PMI program (the "dose") proved to be an effective intervention for young people in Sacramento.[1] Holding gender, age, race and RDD zip code statistically constant in a logistic regression analysis, dose was a significant predictor of condom use at last intercourse with main partner (OR= 1.26, $p<.003$). In addition, there was a significant linear increasing trend in close over the five time points of the survey. These results provided the clearest evidence that exposure to a particular PMI intervention, in this case the Teens Stopping AIDS campaign, was associated with the desired behavior change, increased positive attitudes towards condom use among sexually active teens. In turn, for both genders, condom attitudes predicted condom use with main partners. An intriguing finding was that the intervention was most effective when teens accessed it through multiple channels. "Specifically, for every additional channel through which a message came, the odds of using a condom at last intercourse with a main partner increased by 26 percent." This finding supports the perception of interview respondents that PMI is at its best when all components of an intervention are clearly tied together; that is, when it is an interlinked whole.

As part of the qualitative case study, we explored the issue of whether teens in Sacramento were exposed to HIV prevention messages from sources other than PMI. We were told that PMI was unique in its message targeted to young people, and that it was unlikely that they were being reached through other sources.

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[1] Kennedy, M, Seals, B, Myllyluoma, J, Mizuno, Y. "Is Coalition-Driven Social Marketing a Feasible and Effective Approach to Teen HIV Prevention?" Presented at The American Public Health Association, Washington DC, November 1998.

41.2 The Workshop Evaluation

The workshop evaluation was a randomized. controlled trial assessing the effectiveness of the workshop intervention in changing teen behavior. The workshop evaluation examined the effectiveness of the various curriculum adaptations by asking questions designed to assess understanding of, and compliance with, the workshop messages. The goal of the survey went beyondjust demonstrating knowledge acquisition to trying to assess behavior change. Teenagers were asked about their future actions in regard to risk behaviors and their refusal skills in dealing with sexual situations. In this way, outcome data from the workshop evaluation could demonstrate whether PMI could reasonably be expected to have an impact on preventing HIV infection in young populations. Challenges to conducting the workshop evaluation will be explored further in Section 4.2.

This evaluation was conducted at all of the five PMI sites. Most of the sites had been serving teens since the summer of 1997. The evaluation began more recently: January 1998 in Nashville and April 1998 in the other sites. This late start caused the sites to experience great difficulty in fulfilling goals for numbers of teens completing evaluations by the end of the demonstration period.

The evaluation design for the workshops was a pre- and post-test design with follow-up and a control group. Teens were divided into immediate and delayed groups so that every teen had an opportunity to take the workshop. Delayed groups served as the control for the immediate groups. The delayed group received the pre-survey at the same time as the immediate group. The immediate group then received the workshop and took the post-survey. Four to six weeks later, when the immediate group received the follow-up survey, the delayed group received the intervention and took the post-survey.

The organization of the data collection for the workshop evaluation varied from site to site and changed over time to conform to the realities of conducting evaluation in the community setting. In Nashville, the evaluation coordinator collected all of the cvnluation data. In Phoenix and Newark, Facilitators collected the data and turned it over to the evaluation coordinator. A third strategy used in Sacramento was for staff members or facilitators to assist the evaluation coordinator in conducting follow-up surveys. In Northern Virginia, personnel from one of the community-based organizations hosting the PMI workshop administered rhe survey prior to the arrival of the facilitator.

Changes in evaluation design occurred as a result of compromises between ideal practice and site-based cxigcncies. As one national panner said, "there have been some pragmatic compromises on the ground." For example, one site did not use a control group for the *Be Proud! Be Responsible!* curriculum. At this site. the organizational problems that had occurred prior to implementing the interventions were particularly severe and took much time to resolve. Hence, in order to meet the target number of young people served, site-based participants and national partners agreed that it was not worthwhile to spend

time modifying the curriculum. This decision made sense in light of the fact that the site's target audience was similar to the audience served by the Jemmotts themselves. Since the site made no changes in the curriculum. and was working with a target audience similar to one that had already been tcstcd. CDC and site members decided that this demonstration site could use the control group from the Jemmott study as a historical point of comparison.

In another site, little follow-up data was collected due to the large turnover in staff for collecting these data. At the time of the Battelle site visit, the fifth evaluation coordinator for this site had just been trained. CDC felt that because PMI is a multi-site study, follow-up data for this site could be extrapolated from data from other sites if the pre- and post-survey data were similar. Another contributing factor to lack of follow-up data in this site was the popularity of the program in the summer months, making it difficult to bring teens back together in the same place for the follow-up survey. This was a challenge for other sites as well.

A third design issue emerged when workshop participants were found to include teens not within the PMI target audience. This was frequently true in Northern Virginia where the population of African-American youth is fairly dispersed geographically and many other teens, such as Asians and Latinos, were exposed to PMI. Other sites also noted that teens from outside the target audience were participating in the PMI interventions. Therefore, CDC decided that if non-target youth filled out the evaluation their responses would be analyzed separately.

A few other pragmatic changes were noted. One implementation partner found that reading the survey to youth with low literacy levels helped teens to complete the survey. Another site opted to conduct the evaluation at only one of the two main CBOs hosting the workshop due to scheduling problems at the other organization.

4.1.3 Monitoring and Accountability

Site-based staff were responsible for monitoring the intcrvcntions. including dropping by workshops to see that the curriculum was being followed faithfully. Few problems were noted with the manner in which material was used, possibly because most people who implemented the workshop thought highly of it. Also, some sites were proactive, holding meetings with facilitators to help reinforce the importance of using the curriculum as developed. The criticisms of the curriculum were relatively minor (e.g.. outdated video) and facilitators were able to cope with them. Most of the difficulties encountered were associated with the evaluation portion of the workshop.

Sites, along with media implementation partners. also monitored the media interventions to ensure that ads were played on the radio. or that bus sides were kept up for the correct amount of time. In Sacramento, the radio ads were monitored to correlate the running of spots to the number of calls received by the teen hotline.

When PMI became a program within the Behavioral Interventions Research Branch at the Division of HIV/AIDS Prevention, the new Icadcrship set up procedures to hold each site accountable for reaching a specific number of teenagers, so that quantitative evaluation would be possible. For the most part, respondents welcomed this direction. Sometimes, however, there was a conflict between the evaluation design and the need to recruit and serve teens. This conflict occurred when teenagers were recruited for a program, randomized to the delayed group, and then did not attend the workshop on the next available cycle.

4.1.4 Other Evaluation Efforts

Other evaluation efforts, both formal and informal, have occurred at each site, examining aspects of the intervention not captured by the telephone or workshop surveys. Such efforts include a facilitator survey form instituted by one site to give trainers an opportunity to provide feedback as to how workshops were progressing and any problems they might have experienced. Another site held feedback sessions for facilitators to obtain information through regular discussions. Feedback of this type showed that, in general, youth liked the workshop, were engaged in the material, and related well to the facilitators. Facilitator feedback also helped sites to improve the structure of the workshops, instituting breaks when the attention of youth was lagging or noting when some sections took longer than expected.

Sites also received constant feedback from organizations hosting workshops as to the quality of the interventions and any problems that occurred. Most organizations found that the PMI workshop was a quality intervention for their youth. They appreciated the professionalism of the staff and the facilitators, and thought that their teens had learned a lot from the workshops. One implementation partner responded enthusiastically, "PMI works! It is the most effective workshop I have seen."

Other feedback on the workshops came directly from the participants. In two sites. teen participants filled out satisfaction surveys or wrote essays on their experience in the workshop. Sites with parent components had feedback forms for the parents or other adults involved in the workshops. Parents' reactions showed the need for this type of information in the community, as some purcnts had never had the opportunity to talk about HIV/AIDS or the risks for their teens in a community forum.

Sites also collected information on various aspects of their media interventions. At several intervals. Nashville conducted polls of youth in the community as to their exposure to the radio soap opera and their understanding of its messages. The first round of the poll showed that of the youth who listened to the radio soap opera, 80 percent could name it, identify key messages, and would recommend it to another teen. The poll was first tested with the site's youth committee and then with youth who attended programs at the CBO that houses Nashville PMI. It was then administered to four middle school classrooms of youth in the target population.

In Phoenix, as a part of the program outreach, teenagers were surveyed on condom use. This survey was really a type of formative research, providing baseline information on this behavior. Unfortunately, there was not an opportunity to do a systematic survey of teenagers in the target group to search for behavior change.

4.2 Challenges to Evaluation

Evaluation was considered a necessary part of the project because **many community programs** either cannot show impact or cannot show causation. It may never be possible to attribute changes in infection rates to PMI alone in any of the communities. Howevcr, without outcome data, it would certainly never be possible to make reasonable statements as to whether the PMI intcrvcntion could be a contributing factor in a hoped-for decline in HIV or STD infection rates in the target groups. CDC felt that a rigorous outcome evaluation design was the best way to ensure that results from the demonstration project would be robust, and to convince others to conduct similar types of interventions. Conducting the workshop evaluation in this way proved challenging for every site. Some **challenges to the evaluation were logistic, some were due** to the social marketing orientation of the project, and some were due to the program's emphasis on community participation.

4.2.1 Logistic Challenges to Evaluation

One of the biggest challenges for sites in meeting the evaluation objectives occurred because the evaluation was not ready when the workshops began. If sites had delayed implementing the intervention any longer, they would have been only serving teens for less than a year of the entire project. Therefore, a number of workshops were held before the evaluation component could be put in place. One intcrvcntion partner felt that not having the evaluation ready at the same time as the intervention "put the cart before the horse." To another implementation partner, it appeared that evaluation was not built into the program: "when the program is over you don't begin to develop your evaluation design. That evaluation design is built into the whole organization and you begin with that at the onset of the

program." This situation proved to be a difficult one, because the rationale behind competing decisions was not apparent to everyone involved.

A result was that although the interventions began later than expected. sites were eventually on target to fulfill their goals of how many teens were served by the program. Yet they were not fulfilling their goals for the number of teens who had completed the evaluation. This was because some of the teenagers who participated in the earlier PMI workshops did not participate in the evaluation.

An additional challenge attributed to the late start of the evaluation component was that some site members worried about contamination of the sample. We were told of a few instances of teens who had taken the workshop in the first offering, without the evaluation component, and took it again the next summer. The respondent was aware that since they had already been exposed to the workshop, a decision would need to be made on how to treat their evaluation data.

Another logistic difficulty was due to the frequent turnover of the evaluation coordinator. This led to a recurring need to recruit and train evaluation coordinators. During one vacancy in this position. one site had facilitators administering and collecting evaluation surveys from the youth. Site members felt that this could introduce a bias into the study as some youth might feel they arc' being tested to get the "right answer" when the same person administers the workshop and the evaluation. Although not professional evaluators. respondents were aware that: "Ideally, the person who delivers the intervention should not administer the tool."

Another challenge for sites was not knowing enough about evaluation from the beginning of the PMI process. Respondents felt that greater knowledge of evaluation would have helped to structure the program better from the beginning. In the words of a lead agency director, "Evaluation was a difficult part. [It] wasn't clear from the beginning what it would entail or how expensive it was going to be. [It] would have been helpful to have that earlier on – knowing what the evaluation was going to be. [It] would have changed some of our planning." As it turned out, an initial resistance to evaluation gave way to a wish that it had occurred earlier in the process.

A final logistical challenge to evaluation came about because site members wished lo have evaluation results before the end of the demonstration period. In the words of one staff mcmbcr, "[A] serious deficit is the lack of evaluation data at this point. which has hurt because it negatively affects our ability to get funding for sustainability." An advisory committee member commented that a greater understanding of the benefits of evaluation would also have helped sustainability because "we need to know more about how to do evaluation for marketing programs to fundcrs.... They now dismiss those proposals without evaluation design."

4.2.2 Social Marketing Interventions and Challenges to Evaluation

Respondents felt that there was a tension between the concepts they had been taught about implementing a social marketing intervention and the needs of the evaluation. One challenge this caused for sites was the inability to substantially change the workshop based on feedback from facilitators, host organizations and participants. Using constant feedback to tailor and refine the intervention is a hallmark of the social marketing methodology, but because the evaluation necessitated measurement of the same intervention given to all participants, the content of the workshop curriculum had to remain constant. This was a source of frustration for those who characterized the evaluation as "intrusive" and believed that it hampered their ability to improve the workshops. In the words of one respondent, "We have wanted to change things about the intervention, but have not been able to because of the evaluation." This requirement caused friction between facilitators and workshop subcontractors on one hand, who wanted to revise the curriculum, and site staff who understood the evaluation requirements and would not allow changes.

Another issue arose due to possible contamination of the control groups. One of the goals of the program, based on social marketing concepts is for teens to share what they had learned with their friends. This sharing was considered an indicator of program success. However, if friends participated in later workshops, then they would have prior exposure to the PMI material, possibly adding bias to the study. To assess the extent to which this occurred, a question was added to the workshop evaluation asking if the participant had talked with friends about the PMI intervention.

One expert felt that if the workshop curriculum was not revised based on feedback, then the evaluation was not a true evaluation of a social marketing intervention: "You are bound by the definition of marketing to say, when we find problems we have to fix them now. That is what marketing is-not waiting until the end of the program to fix things."

4.2.3 Community Participation and Challenges to Evaluation

Sites also faced some challenges in completing the workshop evaluation due to the exigencies of conducting an experimental design in a community setting. Respondents in many sites reported that many of the youth participants, because of the nature of the target population of at-risk youth, had low literacy skills. Completing the self-administered workshop surveys was time consuming and difficult for the teens. In the words of one respondent, "[youth] hate the written surveys, because it is like taking a test."

Some site staff found that the surveys, which were supposed to take 20 minutes to complete, were taking between 30 and 40 minutes on average for their youth. One respondent suggested that the survey

could have been put in more simple language for the youth participants to make it easier to administer. Many PM1 respondents, especially facilitators and staff members also felt that the evaluation forms. over ten pages in length, were too long for the youth to complete. The teens in their target population, they felt, had low attention spans. The general consensus is illustrated in one respondent's remark: "The evaluation component expands the length of the training to make it very long. Students have trouble sitting still." Site members felt that having youth complete a lengthy survey at the end of the workshop could compromise the validity of their answers as youth rushed through the post-survey. Respondents also felt that the complexity of the evaluation detracted from the workshops. Referring to the pretest one staff member said: "When a training starts with a test before the training, it makes it hard to get [the teens'] interest."

In addition. site members felt that the fifteen-dollar incentive was not enough to encourage youth to complete the follow-up survey. One respondent found that the incentive "attracts [youth] to an extent. but does not really hold them."

Some respondents also felt that the levels of paperwork required for youth to participate in the workshop-consent from parents to participate in the workshop, consent from parents to participate in the evaluation, and assent from teens-was too lengthy. One site member felt that it "is a tremendous barrier to go through pages of consent." Site staff felt that sending so many different papers to parents, rather than one form, might have decreased the response rate and caused some youth to not participate in the workshop at all. As far as respondents could tell, since this was not studied systematically, very few parents refused to sign the consent forms. However, a few respondents did voice concern that so much paperwork may have led to an unknown level of loss to the intervention.

Implementation partners found that the level of paperwork needed to complete the evaluation was too great, and that the levels of consent and the long evaluations were a negative aspect of working with PMI. One implementation partner felt that "[PMI] could have more structure around the paperwork we need to fill out.. .two consent forms (attendance and evaluation), pre-survey, post-survey, three to four week follow-up survey....They were just too much."

Another challenge to conducting the evaluation was that scheduling needs of community organizations differed from the scheduling needs of the evaluation. The four- to six-week follow-up was difficult to schedule in the community setting, because many times the host organizations did not have access to the youth at that later time. One large challenge to follow-up occurred when the follow-up period for workshops held in the schools occurred after teens had been released for summer vacation. Intact groups of youth no longer existed and it was difficult to track down the transient youth population for the follow-up survey. In contrast. summer and Christmas vacations were the perfect time to hold

workshops in CBOs, but again. in many cases youth no longer participated in these programs at the time of the four- to six- week follow-up, necessitating intensive tracking efforts by evaluation coordinators.

Similar scheduling problems also occurred with the control group. Some organizations did not have the same group of teens available four to six weeks later to hold a delayed group workshop even though that was the requirement for the evaluation design. For one staff member: "The most difficult thing has been the randomization. It was very difficult to meld theory with practice." For these reasons, sites found scheduling the workshops difficult, in that some organizations could not participate because their schedule of having youth available did not correspond to the needs of the evaluation.

Other than scheduling difficulties, some site members felt that the evaluation of the workshops was challenging to true community participation. Site members felt that because of the numeric goals for meeting the evaluation, all of their effort focused on getting youth enrolled in workshops. They felt that interventions (other than the workshops) that might be more successful in reaching the most at-risk youth were not counted, and sites had few incentives and few resources to carry out other types of intcrvcntions. One advisory committee member shared that placing so much reliance on the workshop evaluation was not compatihlc with community participation because: "if the reason for doing PMI is to combine marketing and some community development, then you are not listening to what the community is telling you."

4.3 Benefits of Evaluation

In general, respondents were supportive of the need for evaluation. They recognized the need for evaluation data in receiving future funding for sustainability and to assess the efficacy of their programs. For one advisory committee member, the promise of evaluation was an incentive to become involved in PMI: "Evaluation was a big bonus so that wc could show people that we were succeeding- where wc have made a difference- so we could apply for more money." Implementation partners were also highly supportive of the concept of evaluation. For them. evaluation is "critical to go forward," "absolutely necessary." and "a big value." In the words of one, "Without knowing how your program did, then how would you know if you should continue doing it?"

Those sites intending to continue beyond the end of CDC funding had future plans for evaluation. Sites wanted to conduct more intensive evaluations as to the impact and reach of their media interventions. Nashville PMI also expressed the hope of having a longer follow-up period for the workshop evaluation, as four to six weeks was not considered enough time to show behavior change. It also plans to speak with departments of Mass Communications at local universities to find out how to get the most out of evaluating the radio soap opera.

Both site staff and implementation partners felt that they had not had enough input into the evaluation design, what was being measured. or the goals required for evaluation. These drawbacks limited the support they had for conducting the workshop evaluation and contributed to a feeling that evaluation was a burden rather than an integral part of their interventions. Hopefully, upon receiving evaluation results site members will feel that the work that went into the evaluation was worthwhile.

One of the comments by a national partner captures the belief that PMI as a whole was certainly worthwhile:

> *In all sites, lay people launched state-of-the-art, science-based programs that served thousands of youth. There was no organized community resistance to these programs in any site in any of the 5 years of the project. This has been an undeniable qualitative success. What the numbers will show are the sorts of outcomes that are amenable to the type of interventions the program has generated. But the qualitative experience has generated success that no one can take away from us and the numbers cannot undercut. And I hope the sites feel this way.*

4.4 Summary

The evaluation of PMI focused on the process of implementation, and upon measurable outcomes from exposure to the interventions. Evaluation started late in the sites. in part due to the amount of time it took to plan for the interventions, and in port due to the clearance process for conducting evaluation for youth. Therefore, this component of PMI was more limited than originally hoped. but valuable data are still being obtained. Both national partners and site-based respondents would have liked to have done even more in terms of evaluation. It would be helpful to study the advisory committees in more depth, looking for association between membership, process and outcomes. A broader evaluation question concerns the impact of PMI on future efforts in combining social marketing, behavioral science and community participation. Recommendations for dealing with this issue will be examined further in the final chapters.

Chapter 5 .O
Sustainability of Program Elements

5.0 Sustainability of Program Elements

Battelle conducted its case study visits to the local PMI sites during the last few months of their existence as demonstration projects. The issue of what would happen next was on the minds of many of the local respondents, just as this issue was also a concern of the national partners. Therefore, Battelle researchers asked each respondent about the future of PMI – whether the program *should* be maintained, and how the program *could* be sustained.

In this chapter we explore the attitudes and actions of participants in the demonstration sites concerning the future of PMI. We also explore the views of national partners both with regard to the demonstration sites, and with regard to dissemination of knowledge obtained through the project. Lessons learned regarding preparations for sustainability are discussed more fully in Chapter 6 of this report.

5.1 The Need for Sustaining PMI in the Local Sites

Respondents in the demonstration sites agreed that PMI was a worthwhile program, but they did not always agree over whether PMI should be sustained as a distinct program. Members of two sites were taking significant actions to find funding for the continuation of most PMI intervention components.

There was also variation within sites in terms of knowledge of sustainability efforts. This was especially true where there were few concrete plans for continuation. Younger members of one such site, especially youth facilitators, expressed great hope that the program would exist and grow in the next year. Other community members were more realistic, expressing awareness that funding would need to be established, but not being especially knowledgeable about what steps had been taken. Some community leaders and staff in a site with few plans for sustainability expressed the view that the PMI demonstration project had accomplished its goals and did not need to be sustained as an identifiable program. However, people with this view felt strongly that the knowledge associated with PMI was being transferred to local organizations through those who participated in the process.

The following statements express some of the feelings of site-based respondents regarding the need for sustainability:

> *It needs to happen. It (PMI) is just getting recognition in the community and is just starting to take off. They are just learning where to reach out and people are hearing about the workshops. When it is just at this close stage it is being cut off.*

We're up and running. It's really going great. We're in the community. They love us....We don't know whether or not we are going to be here. It's a little uncomfortable in that the interest is there, the community wants it, the community needs it, and not being sure of exactly what we will be able to provide. That's an internal concern. That's a part of being a demonstration program. Funding runs out at some point and then it is up to you to find how to keep [new] funding.

I believe that PMI has made a difference for the youth as far as changing behaviors – just looking at the small cluster of individuals we served here, and I want to see that this keeps moving forward.

So we have established something here. We have built something up. It would be very foolish of us to allow it to drop down back to ground zero.

5.2 Defining Sustainability

Respondents had varying interpretations of the term "sustainability." Overall, the clearest definition is institutionalization of the PMI program, with the fuzziest being dissemination of PMI knowledge, or building capacity for HIV prevention in communities without a continuation of the PMI program.

From our interviews, we were able to recognize five possible levels of sustainability. Each level tends to incorporate the level(s) beneath it. They are:

- **Program Institutionalization** – For the entire PMI program to continue in a site
- **Capacity Building (agency focus)** – For components of the PMI program in a site to he "farmed out" and continued in other organizations
- **Capacity Building (community focus)** – For communities to continue to work together to plan and implement programs, seeking out research and making research-based decisions
- **Technology Transfer** – For PMI staff to go on to offer technical assistance and/or program development to other organizations or initiatives on the use of social marketing, behavioral scicncc, and community participation in behavior change/prevention programs.
- **Knowledge Dissemination** – For individuals involved in the PMI program to take what they learned back to their organizations.

The importance of program institutionalization was highlighted by a national partner who expressed the hope that at least one site (and preferably more than one) would survive for a period of time after federal funding ends. This is because it is necessary to demonstrate that specific programmatic achievements justify its replication in other sites: "If all we can claim is that people came to PMI and got skills and it was a good program for a while, that is too diffuse. It will not fly politically if you want to advocate for another program."

While both site-based and national partner respondents saw merit in continuing at least parts of the intervention in some form in a community, this is not the ideal situation. A concern is that once an integrated system of interventions has been developed. the effectiveness of the program is reduced if the pieces are "farmed out" because the multiple parts of the interventions in the sites work together synergistically. Another reason offered for continuing the full program is that the organizations that adopt only parts of the whole may not continue to update it with consumer feedback and research. In this way the project becomes less and less of a prevention marketing program over time. A respondent included the advisory committee within the picture of a full program. We were told that having such a body continue is important because its members can advocate for prevention marketing in the larger community.

Two sites are continuing as distinct programs, but most sites will sustain their programs through capacity building, technology transfer, or knowledge dissemination. One of the national partners, in fact, pointed out that building capacity through PMI is an important outcome in itself. This respondent felt that the key is whether PMI created a core of people in the communities who can address problems using prevention marketing. The validity of this view of sustainability should be assessed in the future through such questions as: Are people who participated in the project using concepts in their work? What was the impact on young people – for example, will youth who were involved go into related careers'!

5.3 Site-based Plans for Sustainability

As suggested above, the different PMI demonstration sites fall into a continuum of the level of sustainability they were planning to pursue. Based on analysis of the data, this section will bc organized in order, from those sites with the most substantial plans for sustainability to those sites without plans to sustain PMI as an entity. It is important to note that the relative placement of a site along this continuum is not a measure of success or failure. Each site had specific reasons for believing that PMI should or should not be institutionalized in that community, and there were factors within each community that hnvc affected each site's ability to attract funding for sustainability.

5.3.1 Nashville PMI

At the time of the July 1998 case study site visit, Nashville PMI was moving ahead with plans to sustain its major intervention, and expected to continue as a distinct and recognizable entity. One way it planned to remain solvent was for PMI staff to provide ongoing technical assistance (TA) in social marketing to agencies and organizations in Nashville. In the future, the focus will expand beyond HIV/STDs, and beyond solely an African-American audience. In this way, while seeking to

institutionalize itself, Nashville PMI was planning to extend its efforts in community capacity-building, technology transfer, and knowledge dissemination at the same time. In fact, as one respondent put it. the technology itself was being institutionalized through this strategy: "institutionalizing social marketing as a tool for change is not particular to any one target group." Yet, site-based participants still felt that their strong connections to HIV prevention organizations and African-American groups gives them an advantage in the community.

In addition to providing TA in social marketing, Nashville PMI had numerous funding initiatives in process. Staff approached managed care organizations about sharing funds to support continuation of the skills-building workshops and the radio soap opera. They were also working with two local foundations for funding for both the teen and parent workshops and the radio soap opera. Staff wrote grant proposals for national foundations like the Kellogg Foundation, and PMI was part of a state-wide collaborative application to the Robert Wood Johnson (RWJ) Foundation for community collaboration and social marketing. Since some agencies do not fund programs that are receiving support as a federal demonstration project, Nashville was waiting until the next funding cycle to apply for funds through the regional United Way in 1999.

Nashville PMI had completed a number of smaller grant applications that were in the first round of review. One was a foundation award program for $15,000 in 1998 called Innovation in Action, to help support the radio soap opera. Another application was pending with the President's Council on Arts and Humanities for $10,000-15,000 to be used for inner-city youth involved in arts. In addition to these proposals. Nashville PMI staff discussed research possibilities with the psychology department at a local university. Staff would like to conduct another round of evaluation research to complete six- and twelve-month follow-up of young people exposed to the workshops. This evaluation would supplement the four- to six-week follow-up funded through the demonstration project, in order to look for significant behavior chnngc over time within the target population. PMI staff in Nashville were also looking into providing skills-building workshops as part of the lifetime wellness curriculum in the ninth grade of public school, with a booster session given at the beginning of the tenth grade.

As of December 1998. sufficient funds had been obtained to sustain the total program beyond the demonstration period. As planned, some of the funds arc coming from fee-for-service training activities that will also serve to disseminate the PMI model.

5.3.2 Sacramento PMI

At the time of the site visit, it was not clear that Sacramento PMI would continue as a single, distinct program. with all the pieces of its program intact. Subsequent to the visit, howcvcr, the site

received word that the State of California had awarded Sacramento County $160,000 per year for three years to continue the program. PMI plans to conrinuc the mass media campaign, the information line, and the workshops. PMI staff helped write the successful grant and will help the program transition to its new home with the county. Once it has been transferred, the program will be staffed by county personnel.

In addition to their success in sustaining the program for another three years, site staff saw further opportunities for sustainability through capacity building and technology transfer. This will be accomplished through providing TA in prcvcntion marketing to agencies and organizations throughout the state. PMI staff in Sacramento saw three possible paths for this type of sustainability:

- **Direct Replication** – If another community in the state wants to do HIV prevention for the same target audience, PMI could be used for that.
- **Modified Replication** – Another community could make adjustments to the program to meet a different audience or objective.
- **Technical Assistance** – Staff could deliver technical assistance in prevention marketing (social marketing, behavioral science. and community participation) to any agency or organization in the state that wants it.

The first two pathways would provide an important dimension to the hoped-for outcome of program institutionalization. In either of these scenarios PMI would continue, but as a program that meets the needs of a new setting. People from three neighboring counties already attended AC meetings and expressed interested in receiving training to Facilitate workshops, providing an early indication that these may be viable pathways. PMI staff were also looking into the possibility of a statewide information hotline, even though the current line contained many referrals that were community specific. Replication will provide new opportunities for evaluating the utility of PMI in other settings.

The third pathway would demonstrate sustainability of capacity in prevention marketing in Sacramento, especially through the ability to turn research into prevention. When providing other organizations with TA and/or programming in applied research. PMI will be helping to apply proven prcvcntion methods elsewhere in the community or state. For example, PMI staff could find out who in the community or state is looking at new programmatic models of prevention, and is open to learning from someone who has already developed a research-based program (PMI) in the community.

Continuation of the multiple PMI components in Sacramento – workshops, media, outreach. and information hotline – was considered to be important by respondents there because of the synergy of the components. Outreach and media efforts drew teens into the workshops while also reinforcing the message of the workshop. Also. the success of the information line was dependent on continuation of the media campaign, as demonstrated by the correlation of the radio ads with the number of calls made to the

information line; teens need to see the 1-800 number on billboards and posters and hear about it on the radio to continue to use it. Though it is costly to sustain all of these elements, the transfer of the program to the county will allow the program to remain intact.

5.3.3 Phoenix PMI

Phoenix was focusing on transferring its interventions to other agencies. One of the most substantial possibilities for sustaining PMI intervention components was through a local university that wished to incorporate some aspects of the skills-building workshops into the program of its student health center. The university was contributing 22 percent of the funding for the program and stated it would seek additional funding. Another interested party was a local Hispanic CBO that was interested in working with PMI in order to offer more community-based and Latino prevention programs. Neither of these organizations would continue any of the PMI media materials. PMI staff requested funding from a large mining company and the local AIDS Walk ($50,000-80,000) that could be applied to sustaining the media materials.

PMI staff were exploring other paths to sustaining the program. A recommendation from the last PMI all-sites meeting led to the idea of looking for local funding. Phoenix PMI was to receive a grant of about $8,000 per year for three years in partnership with a local clinic, as part of a $250,000 overall grant from Ryan White funding, starting October 1998. Staff were writing grants to other local funding organizations. but were waiting to hear from them at the time of the Battelle case study site visit.

With regard to technology transfer. the lead agency had considered holding a conference where staff would train people from other organizations in the use of the workshop curriculum and in skills-development and outreach. The transfer of skills would be supplemented by distributing any extra YouthCARE materials at the confercncc.

5.3.4 Newark PMI

Newark PMI was focusing on the transfer of technology and knowledge dissemination, as well as some capacity building. Respondents had very positive assessments of PMI, but few thought it should continue in its current form. and none thought it would continue in that way. On the other hand, respondents felt that PMI had a number of unique components that they would like to see sustained. These components include the large amount of information developed through data collected during the formative research step of the planning phase, some of which had been updated. The other components were programmatic, and it seemed that some will be sustained in at least a minimal form as of August 1998.

One respondent said, perhaps a bit ruefully, that PMI will continue to exist to the extent that it is successful in placing the data and modules in other organizations: "It did the best it could, and it did a good job of setting up a parent support network, of figuring out what kids think, of figuring out some of the population issues, knowing the things that work, and knowing the things that didn't get implemented." Ideas for placing PMI intervention components in other organizations include increasing the age range of the population it can target and compartmentalizing the curriculum into separate components – such as a teenage pregnancy component and a condom skills component. Facilitators could give different components to different groups, depending on their interest.

The workshop subcontractor in Newark was making efforts to apply for grants and other funding for the youth workshops. PMI staff were making efforts to move the parent workshops to a local university. If able to place these workshops in these agencies, there would no longer be a PMI office, but separate programs would offer the workshops. We were told that there was no desire on the part of the AC in Newark to become a permanent board and establish a new CBO, since there were already CBOs in the community with similar missions who would continue the work, and a new CBO would just compete for the same pot of funding.

5.3.5 Northern Virginia PMI

For Northern Virginia, sustainability will be accomplished mainly through technology transfer and information dissemination, along with some increase in institutional capacity. One respondent saw that PMI had begun to be a force for building capacity through the fact that programs had been implemented in organizations concerning responsible behavior. However, the infrastructure needed to fully institutionalize such programs was not available. This same respondent did believe that some of the people involved in PMI will incorporate aspects of the program in their own work and organizations. For example, participants were familiar with the idea of including the target population in planning and developing future programs.

Sustainability in Northern Virginia, then, will be strongest through the diffusion of knowledge among PMI participants and their professional responsibilities. The lead agency in Northern Virginia is a for-profit company that would need funding to continue a social program such as PMI. The AC in this site was looking for funding sources to continue at least some ports of the intervention in other organizations, but at the time of the site visit there was no indication that any additional funding had been located.

5.4 Challenges to Program Sustainability

As can be seen from the examples presented above, each demonstration site had addressed sustainability in a unique way based on the community context in which it operated, as well as the organizational structure that emerged in these contexts. Kespondcnts in all of the sites. including those that were moving forward with sustainability plans, cxprcsscd difficulty with trying to find ways to continue the PMI interventions. For example, an AC member in Phoenix expressed the opinion that there is a decline in media coverage and interest about HIV/AIDS in Phoenix, possibly due to a misperception that the new available treatments have resolved the problem. Because of this. local foundations may no longer be as likely to fund HIV programs as they had been in the past. A respondent in Sacramento said that private funding may be difficult to obtain because grant funders like to support innovative or design work, rather than provide operating expenses for existing projects. Therefore, PMI would have to become part of the ongoing prevention activities supported by public funding in the area. Although there are organizations where PMI could be housed very well, if PMI funding had to come from the same pot of money as funding for other prevention services, the organizations would have to give up something to get the new program (PMI), or disenfranchise a client group in favor of the teens.

Another difficulty with sustainability that affected all of the sites, is that CDC is prohibited by law from fundraising, because the US Congress reserves the right to set ceilings in funding areas and it would usurp their authority for CDC to work on finding additional funding for programs. Because AED is a contractor of CDC, they too are not allowed to assist in fundraising. Having both of these national partners, who have extensive experience and connections, prohibited from assisting sites in finding sustainability funding was a hindrance to the sites' ability to continue after the demonstration period.

Some of the primary difficulties in trying to achieve sustainability, in the sites that had this as an objective, was the relatively short period of time the interventions were implemented and the related lack of evaluation results available at the end of federal funding. Because the sites only fully implemented their interventions in the last year of the program. and the evaluation began even later, it was impossible to have findings that could be used in the search for funding. At least one respondent told us that funding agencies are becoming more and rnore savvy in their review of grant applications, demanding scientific evidence of a program's success or likelihood of success. The timing of the implementation of the interventions and evaluation made it impossible to have these data to include in grant applications. Howcvcr, when the data become available they can be included in future funding searches.

Another concern, at least arnong the sites that had the most advanced plans for sustainability was what to do between the time federal funding ended (September 30,1998) and when funding from pending applications may be available. To address this concern, CDC allowed any site that wished to work

toward sustainability and was likely to succeed in the effort to utilize unspent program money. This enabled a few sites to continue until the end of the calendar year 1998.

The greatest challenge to sustainability was the infrastructure of the individual sites. Where the sites were stable, they were able to put time and effort into seeking new funds. Where staff changes were recent, and community members no longer had meaningful involvement, less effort could bc put into this search.

5.5 Dissemination and Diffusion – the National Perspective

National partners certainly consider the institutionalization of one or more recognizably distinct PMI programs to be extremely important for making the case that the prevention marketing model (social marketing, behavioral science and community participation) should be replicated in other locations. At the same time, respondents at this level were very clear that PMI has already offer-cd a great deal in terms of knowledge that can be transferred to (I) future prevention marketing endeavors, (2) HIV community planning groups, and (3) a broad array of public health efforts. In this way, it can be said that. whether or not PMI survives intact in any location. the demonstration project is already having an impact on public health theory and practice.

Knowledge regarding the process of PMI is already in the public domain. and there are clear plans for disseminating results of outcome studies. Preliminary results from the PMI demonstration sites have been presented at numerous venues including the 1996 and 1998 International AIDS Conferences. In fact. representatives of the demonstration sites have been able to attend. For example, a representative from Nashville PMI attended the 1998 conference on scholarship. Many articles about PMI ore under preparation, as well as a slide show and video. The latter will be available through the National AIDS Clearinghouse to help other communities replicate the PMI process. Several technical assistance documents have been prepared including one that teaches users how to create a teen epidcmiological profile. Such a tool should prove invaluable for HIV prevention community planning groups (CPG) and to organizations that are oriented to the needs of adolescents.

To understand the value of PMI, it is helpful to look back to the gestation of the program. In tho past. CDC had prepared PSAs and other HIV prevention messages as part of its efforts in national communications. In the early 1990s, a decision was made to spend a large portion of the money for national prevention on testing participatory social marketing in five discrete markets- the five demonstration sites. At the time, it was clear that the "epidemic had moved into tightly focused communities and we needed to learn how to better communicate about HIV and AIDS." In the ensuing years, PMI provided data on what works with young people, at least young people in the selected target

populations. For the future, it can provide material upon which newer national campaigns can be based, provided the material is copy tested for the new audiences.

The investment in the dcmonstrntion sites moves beyond such specifics as copy for national campaigns, or ideas for radio spots. Knowledge is being disseminated about the type and amount of work necessary for planning, largely to community planning groups (CPGs). CDC has also used lessons from PMI to inform its training for social marketing in the area of chronic disease. For example, lessons concerning the incorporation of community participants, and the synthesis of social marketing and behavioral science theory and practice. are being disseminated to public health professionals who are working to increase the number of women over the age of 50 who obtain annual mammograms. In this way, PMI is having an impact on public health through the dissemination of the prevention marketing model in the broad arena of health communications.

Chapter 6.0
Lessons Learned

6.0 Lessons Learned

The participants in PMI were acutely aware that they were participating in a demonstration project. They knew and were excited by the fact that they were breaking new ground and applying new and creative approaches to some very real problems that concerned them. As with anything new, the process was not always smooth or direct. Even so, there were many successes, as well as challenging situations. Together, they offer many lessons that can be shared with future prevention marketing, or other participatory planning efforts.

This chapter summarizes key lessons learned as expressed by participants in PMI and interpreted by the research team. The lessons are organized under the following topics: (1) organizing the PMI sites, (2) engaging the community, (3) providing technical assistance, (4) involving youth, (5) implementing the intcrvcntions, (6) evaluating PMI, **and (7) sustaining** PMI activities. This is followed by a discussion of how these lessons have informed and enriched the national dialogue on prevention marketing. In the concluding chapter, we develop recommendations from these lessons and from previous chapters that may be useful beyond PMI, especially for other community-based public health prevention efforts.

6.1 Organizing the PMI Sites

The previous case study[1] discussed the organization of the PMI demonstration sites during the first two years of the project and the implications of the organizational choices made then for the remainder of the planning and transition phases. Some of the issues discussed in that study, such as the need for selecting a lead agency strategically, continued to have repercussions throughout the remainder of the project. For a full discussion of organizational issues during the PMI planning phase, we refer the reader to the earlier volume. Here, wc focus on organizational issues during the final two years of PMI, especially the time devoted to the implementation of the intcrvcntions.

6.1.1 Selecting a Lead Agency

Initially, PMI was expected to consist of two phases – planning and implementation. The transition phase was introduced midstream in response to difficulties that local sites were having with their lead agencies: "It was created to give sites permission to say that 'we have a lead agency that is not prepared to do programming let's do a transition to implementation'." Rather than mention one key

[1] Hare et al., *Op. Cit.* 1996.

lesson, respondents suggested alternatives as to how sites could he organized that might avoid this problem in the future.

One option might be to establish an application process that includes a full description of the cxpcctations for the lead agency for the entire PMI life cycle. Then, grants would be awarded to agencies that could demonstrate the experience and willingness to see the project through to the end of the funding period and beyond. Rcspondcnts speculated that the interventions might have been launched sooner had the projects been housed in agencies that understood the program better. It was interesting to note, though, that some initial concerns were not well-founded. PMI did well with a distant lead agency in two sites, and with a for-profit agency in one. Still, the optimal choice, according to most respondents, would have been a local CBO experienced in HIV or youth-related programming.

A related issue is that the planning phase activities sometimes led to the selection of a target audience that was not a good fit for the lead agency. Rather than begin with an application process that assumes that the project would be housed in the same agency from start to finish, another option might be more feasible. Under this option, lead agencies would be advised up front that some flexibility will be necessary and that this may include allowing the program to move to a new agency towards the end of the planning phase, after the target audience and interventions have been defined. By then, the cxpcctations for a lead agency would bc clearer and a judgment could bc made about the most appropriate "home" for PMI.

6.1.2 The Advisory Committee

The role of the advisory committee (AC) changed over time, and with those changes came shifts in the composition of its membership. Changes in membership also occurred because of the long time period involved. It is difficult for volunteers to sustain involvement over a five-year effort. A transition in the type of community group was both inevitable and healthy. The original groups were generally called planning committees. As the project moved forward and began launching interventions, the committees were more appropriately configured as advisory bodies.

Role of the Advisory Committee

Some sites felt that the project was moving too quickly at this stage to seek full community input on each decision that needed to be made. At the same time, many respondents felt that the AC had a crucial role in helping PMI anticipate community acceptance of the interventions.

In some sites, advisory committees struggled with a lack of a clear role during the implementation phase. The need for clearer definitions of volunteer roles at different stages is therefore another important lesson that sites shared about their experience. One respondent suggested that instituting a Board of Directors during the implementation phase would be an appropriate way to reconfigure the oversight role of volunteers. The Board "would not be involved in actual [intervention] activities." but it would be a mechanism for community ova-sight, and assistance in such areas as budgeting. This could create an even greater sense of community ownership than is currently the norm.

Composition of the Advisory Committee

The AC's continuing role as a bridge to the community required a membership that was broadly representative of the community. It also required mcmbcrs with connections to youth. Appropriate representation on the AC of, and for, the target audience was an issue with which all sites struggled. In one site, this meant almost a complete change in membership during the implementation phase. In other sites, the changes were less dramatic but still represented a noticeable change in the agencies represented at the table. As the demonstration period waned, sites became more concerned with bringing in advisors who could be helpful in finding future funds for the project.

One key lesson was that the need to invite and nurture new members should bc anticipated and planned for in future prevention marketing initiatives. For prevention efforts focused on teens and HIV, respondents suggested that volunteers represent youth-serving organizations; religious and business leaders; the media; local government agencies; and people with backgrounds in such disciplines as marketing, behavioral science, and epidemiology. During the planning phase, many volunteers represented AIDS organizations and/or groups that were involved with the prevention of sexually transmitted discuses. They often lost interest when their hopes of receiving funding through PMI did not materialize. These volunteers were replaced by people representing agencies with access to the target population and by community leaders. Several respondents expressed the opinion that having significant representation from groups that expected to receive funding due to their involvement in PMI was a detriment to developing the best possible intervention for the community, and to housing it in the most appropriate agency.

Changes in committee membership and roles created challenges for all sites. A decrease in the degree to which members really understood the concepts of prevention marketing was one of the challenges. During this phase, the committee no longer received the same intensive technical assistance that it had previously. Therefore, new committee mcmbcrs were generally not exposed to the concepts of social marketing and behavioral science as directly and thoroughly as were earlier members. This placed

the burden on staff to keep the committee informed and focused. The sites that experienced the least staff turnover were the most successful at this, and these sites also appear to be those that are in the best position to sustain the project in the coming years. This suggests that an important lesson to emerge from PMI is the need to support ongoing training of advisory committee members, as well as staff.

6.1.3 Staffing the Sites

The 1996 case study clearly demonstrated that PMI is a complicated project requiring the expertise of a mature, dedicated leader. This finding is borne out in the current case study. Experienced leadership contributed to faster progress and more involved community participation. Characteristics that respondents cited as important in a site director included charisma. enthusiasm, and experience working with the community.

Strong leadership would not have been sufficient without high quality staff members. One site director, reflecting on the successes of the project in her site, emphasized that the staff worked together as a team. Each member had assignments, but all members were flexible as new needs arose. The staff titles varied from site to site but there was agreement on the core roles to be fulfilled. Respondents felt that a dedicated staff member (or consultant) to work with youth was critical due to the high demands of this component of PMI. Some directors would have liked the opportunity to focus the activities of their staff, but this would have required more staff members. As one person said:

> *If there had been additional funding to hire coordinators for the workshop subcontractor, we could have covered more ground. If there had been funding to hire one person just to do recruitment you could cover more ground. The more you can focus people the more you can get accomplished. But everyone who worked on PMI had to be able to handle multiple tasks. That was inevitable.*

An ideal staffing pattern would have consisted of at least four full-time staff members plus several people on a contractor basis. As someone with a broad perspective recommended:

> *A charismatic leader is critical and some administrative person under that person. Then have an education head and several persons under that person. You have to have somebody who had some sort of experience working with community. I am assuming it would be the site director in part, but you might also need an outreach worker for the community. Then you've got a small staff of people who are actually doing the intervention. But they didn't have that many people.*

Contemplating the major lessons associated with staffing a PMI site, it is clear that staff members do not operate independently from the organizational structures that support them. Staff performance was

helped by a smooth relationship with the lead agency. Supportive community members serving on planning and advisory bodies were also extremely helpful to staff. In return. both lead agencies and community members benefited from the support of talented staff. On every level, then, PMI is a project where each component is strengthened by its links with other components, whether these are organizational features or aspects of the intervention.

6.2 Engaging the Community

To be successful, PMI had to engage communities at two levels. Each site had to (I) generate community collaboration, and (2) gain community acceptance. Throughout the five-year project, each site had to generate and sustain interest from community members and organizations. first as planning members and then as advisors. For the implementation phase, each site also had to find organizations able and willing to serve as implementation partners, either by hosting workshops or by launching media activities. Furthermore, each site sought to nurture a positive community response, as evidenced by a lack of organized community resistance to the program.

6.2.1 Generating Community Collaboration

PMI was conceived as a laboratory for combining community planning with social marketing. It was intended to bc far more participatory in nature than most social marketing projects had been through the early 1990s. As one national partner said,

> *Now in the literature there is a term called participatory social marketing but that did not exist at the time the program was started. Before, when [an organization] did community social marketing it meant that they would do a social murkcting program in a community and then leave. What we meant was something different. We wanted the community to be true purticipunts. PMI was a laboratory because we were not doing a demonstration project so thut others would replicate exactly what was done, but to learn us we went along about the processes that went into a project like this.*

All sites were successful. at least to some degree, in pulling together groups of community members and in engaging the support of implementation partners. Looking across all five sites, several key lessons can be summarized about generating and sustaining the interest of community members. The lessons revolve around (1) knowing the community. (2) positioning the program as a community resource and forum for collaboration, (3) conducting well-run meetings, and (4) attending to the needs of collaborating partners. They are derived from the successes the sites enjoyed.

Knowing the Community

At a minimum. knowing the community means understanding the organizations that work with the target population and that work with the public health issue of interest. It also means understanding the religious and business leaders in the community, the academic resources available. and the local media. Because of the importance of knowing the players in the community and engaging them early on. respondents found that it was helpful to hire experienced staff with a background in community organizing. especially if they were already well known in the community.

Networking is time-consuming. Pulling together groups of community members for planning took longer than the national partners had envisioned. The time was well spent, though, because gaining the interest and support of a variety of community players became crucial at different junctures of the project. For example, to implement the project it was critical to include people with contacts in the target audience. To sustain the project, people with backgrounds in marketing, behavioral science. and epidemiology were thought to be helpful. Having the support of community members affected the product developed, the success with which it was implemented. and the level of broader community acceptance. Individuals and agency representatives brought their experience to the project, but they also took their newly gained knowledge of social marketing and behavioral science, and the conviction that the interventions were based on sound data, back out to the community. It is likely that this base allowed PMI to break new ground, including most sites being able to implement the intervention in schools, and some being able to generate the support of churches.

PMI as a Community Resource and Forum

A successful PMI planning or advisory committee was one that was seen as a major resource in the community and a forum for collaboration. It brought the community new tools to use in program development and evaluation. and drew together disparate groups in a spirit of collaboration. The availability of technical assistance and training from national partners was highly valued. Additionally, the prevention marketing approach deepened participants' understanding of the community and its needs. Products. such as the epidemiological profile, were cited in other agency grant proposals or otherwise disscminatcd.

Running Successful Meetings

Well-run meetings were also important to sustaining interest. If community planning members knew well in advance when meetings were going to be held, and if the meetings themselves were both fun

and informative, attendance improved. Staff reported that it was critical to notify members in advance, personally call them to encourage their attendance, and follow-up with members when they could not attend to keep them up to date and encourage continued involvement. As one staff member said. "If people aren't kept informed, such as after every meeting, they will stop being involved and won't show up at the next meeting." Staff also agreed that good food at meetings was an asset to maintaining participation and cohesion. The most successful meetings were those that were well planned and where staff and the chair of the AC debriefed after each meeting to discuss what went well and what did not, what steps could be taken to follow-up with members. and how future meetings could be improved.

Attending to the Needs of Collaborators

A related lesson is that it is important to attend to the needs of the collaborators. This means understanding not only what they can contribute. but also what they need to take away from the process. In particular, this means understanding their needs for information and for networking. One successful approach was to create a forum during meetings in which participants could share information about their agencies and their activities. This strengthened the lies among members, helping each participant locate support and resources for their needs. and even helped them network for employment opportunities when the need arose. It also assisted agencies with proposal and grant-writing, and may have prevented them from "reinventing the wheel" since they could find out what was occurring elsewhere.

Stuff went even further in nurturing community collaboration by being sure to attend and support activities that members were engaged in outside of PMI. A respondent from one site shared, "If they have a fundmiser, you have to go ...we take turns going. That's a really important thing, that we arc involved in what they are doing....They don't like it if you don't show up." This may have paid off since this is one of the sites that is sustaining a distinct PMI presence.

6.2.2 Gaining Community Acccptancc

Effectively using community collaborators during the planning phase paid dividends in gaining community acceptance for the interventions. The planning and then the advisory committees served as the "eyes and ears" of the community, helping PMI understand the social and political context in which the program had to be implemented and what it took to be successful.

Successful engagement of the target population was another key factor for appropriate input into the design and implementation of the interventions. Planners and advisors did not need to literally be from the target groups, but they did need to be credible representatives. In one site. a lack of involvement from the African-American population was problematic since the target audience was African-American

teenagers. It was felt that the members of the planning committee did not "understand the community," and without this understanding "you cannot come up with programs that are going to touch it." In this site it was necessary to completely reconfigure the lead agency, staff, and the advisory committee. Other sites also worked hard to maintain a good balance of broad community input and representation from the target population.

Organized resistance to PMI was not experienced in any of the five demonstration sites. This came as a surprise to some participants, while others did not expect this to be a problem. Respondents were least surprised in the most urbanized site – Newark – located in an AIDS epicenter. A possible explanation for this is that at the time that PMI was initiated, many people in Newark had already been touched by the epidemic. One respondent there made a distinction between the conservatism often found in local institutions and the openness to new approaches commonly found among individual people. PMI staff in all sites worked hard to network with members of institutions, getting to know them as individuals and understanding and respecting their concerns.

The lack of community resistance in all five sites may huve been due, at least in part, to several specific activities and strategies that sites employed. These included (1) planning for issues management, (2) using community members to review program materials and plans, (3) accommodating the needs of organizations involved in implementation, (4) using the media strategically, and (5) maintaining a focus on public health.

Planning for Issues Management

PMI was very cautious publicly, at both the local and national level, because of a concern that public backlash could destroy the program. Issues management training and planning was incorporated as an element in the planning phase to anticipate issues that might arise and to develop appropriate responses. Technical assistance was provided to the sites to develop issues management plans. Issues management activities that sites engaged in included desk-side briefings of health reporters and training of spokespeople. It is difficult to know how much the level of preparation contributed to the lack of organized community resistance, but these activities may well have helped participants anticipate issues and avert problems before they surfaced.

Using Community Members to Review Program Materials and Plans

The local demonstration sites used community members to review planned activities from the perspective of the community. One site used a community review hoard for this purpose in addition to the AC.

Accommodating the Needs of Organizations Involved in Implementation

Another strategy employed was to maintain some flexibility in implementing the interventions, in order to accommodate the needs and the constraints of individual organizations. Successful implementation of the PMI program was facilitated to the extent that sites took the time to approach organizations individually. understand their needs, and adapt procedures to fit rhc context, while still staying true to the goals of PMI.

One of the major success stories of PMI was the development of rapport with schools and churchcs. In most sites, working with schools meant approaching each school and teacher individually. In Sacramento, PMI put informational posters in schools. When students and teachers saw that the principal supported the program, it helped to create support for the workshops. Each of the four sites that delivered workshops in schools followed a policy of teaching condom skills in schools, but not distributing condoms. Forcing the issue of condom distribution would not have been respectful of the needs of schools and most likely would have backfired. Similarly, for most churches. being a venue for teaching condom skills to adolescents is not consistent with the ideology and theology that they seek to promote – the ideal of sexual relations only within the bonds of marriage. Yet. PMI was successful in speaking with ministers and congregations *about* the program. While most churches were not comfortable hosting a workshop, some were willing to provide information about workshops to youth with whom they had contact. As with schools, PMI's rapport with churches was based on the respect rcprcsentativcs showed for the institutions involved.

Using the Media Strategically

Another approach was to use the media strategically. Concern over negative public response led the national partners to recommend against a widesprcaci public media campaign to initiate the implementation phase, as had originally been planned. Instead, each site worked selectively with the media that it wished to use to implement specific components of the program, whether this was particular radio stations, print media, or transit advertising. This approach allowed the sites to enter into a dialogue with potential collaborators about what would be successful in the community and to tailor the program to

fit that context. It also meant that the sites focused on media that would directly reach the target audicncc, rather than the public at large.

Maintaining a Public Health Focus

The public health nature of PMI and the evidence-based approach used to dcvclop the program are other attributes that may have led to the successful community response to date. Each site had engaged in audience research and gathered epidemiological data about HIV as a public health problem among youth, in order to understand the needs of the community. Participants were thus able to explain why the site selected its intervention and why it was believed to be an important and effective way to prevent HIV infection among young people. The intervention messages clearly had a public health focus. Furthermore, the interventions that were launched were of high quality. Community members expressed to PMI participants their appreciation for the high quality standards.

6.3 Providing Technical Assistance

One of the unique features of this demonstration project was the intensive technical assistance (TA) provided to the sites. National partners were available to deliver training and assistance in understanding and applying prevention marketing concepts and in helping sites with management issues related to carrying out the project. In this section. we first present a major shift in approach with the implementation phase. This shift was largely based on lessons learned during the first three years of PMI. Then we discuss challenges and benefits associated with the final two years of PMI.

6.3.1 Shifting the Technical Assistance Approach

During the planning phase, formal training sessions on social marketing and behavioral science were a large part of the technical assistance provided to the demonstration sites by the national partners. During the transition and implementation phases, very little formal training on these concepts was provided, but at each step, as decisions were made, the concepts were revisited and the national partners helped make sure that the sites were "staying on strategy." The concepts and the training had been used to dcvclop the strategies, and during the implementation phase the task was to make sure that the strategies were followed. In the words of one national partner, "TA changed to focusing on the specific components of implementation (e.g., skills or outreach or media), asking 'is this on strategy'?'. ..[and to] helping them to keep a behavioral focus and keep on plan."

Most site-based participants, reflecting on the TA they received. indicated that its true value was not any single training or event, but the ongoing nature of the relationship that was established between the site and TA provider(s). For staff, it was the fact that they could pick up the phone with a question or a need for information, and someone was available to help them think through an issue or to send them material. This type of assistance helped PMI become viewed in many sites as a major community resource, acting as a conduit for knowledge that exists on a national level.

Specific ways in which TA was responsive to needs during the final two years of the project include:

- Assistance with identifying and evaluating curricula
- Assistance with contracts and tracking budgets
- Providing a forum for dialogue among sites
- Assistance with evaluation

During the planning phase of PMI, staff and volunteers received intensive training in social marketing and in behavioral science. Understanding the data and some of the theory behind decisions made in each site helped respondents to feel more involved with the project. Still, there was a consensus among national partners that the amount of information they tried to give to site-based PMI participants was overwhelming. For the implementation phase, national partners took a different approach in which they developed options from which site-based participants could choose. Using this strategy, they circulated a list of potential workshop curricula that could be adapted for each of the sites. Respondents found this helpful because someone else had begun the selection process for them by identifying what was available and how to access it. and by providing a first assessment on whether or not each option contained appropriate material. This gave the sites valuable information to work with in finalizing their selection from the available curricula for workshops.

National partners agreed that this approach to TA worked well. They expressed the opinion that community people do not have the time and resources to do research from scratch. but rather benefit from having options and models presented to them from which they can choose what best fits their needs. Then they can put their efforts into adapting their choice to specific circumstances.

As noted. staff received individualized assistance in the area of tracking contracts and budgets. For some staff, the paperwork demands of this project were unfamiliar to them and assistance was needed to negotiate the bureaucratic maze. National partners also offered individualized guidance and support in such areas as dealing with personality issues or barriers to effective implcmcntation.

Several respondents, especially new staff, talked about the value of being able to speak with staff in similar positions in other sites to learn about their experiences and strategies. This type of exchange was supported by the national partners through periodic all-sites meetings. Staff also maintained informal contact through the telephone and the internet. Youth spoke with enthusiasm about the opportunities that some of them had to attend all-sites meetings and workshops.

During the last few months of PMI, national partners provided technical assistance to the sites on evaluation. This TA was geared to helping staff understand the evaluation, and to help them identify consultants and set up contracts to carry out the design.

6.3.2 Challenges Associated with Technical Assistance

Major challenges were encountered in translating the concepts of prevention marketing due to such factors as turnover of experienced staff and volunteers, and the need to involve new partners. Other areas that presented challenges for TA were evaluation, information dissemination, and the approval process. Another challenge revolved around preparing staff to take over training functions from AED. These concerns are discussed under the broad categories of: 1) understanding and applying social marketing, and 2) logistical constraints on the broad application of technical support.

Understanding and Applying Prevention Marketing

Staff and volunteer turnover, and the need to involve new implementation partners presented major challenges in helping each site successfully and consistently understand and use prevention marketing. All sites experienced some turnover in staff and volunteers, and all had a change in lead agency during the transition to implementation. Most also experienced a change in site director during the life of the project. This made it difficult to keep everybody informed about the steps that led to the program design and the concepts upon which it was constructed. Under these circumstances. the national partners focused their efforts on making sure that "(I) the technical quality of the plans was strong, and (2) staff know where the plan came from and that it was important to continue from what had been done bcforc." For the newcomers, the challenge was to understand what had happened before their arrival and the reasons behind the decisions that had been made.

Many new participants described having read written materials to help them understand the concepts and the history of the project, yet this was often not enough to fully grasp either the concepts or the history. As one newcomer commcntcd, "I stayed lost probably for six months. Really trying to get a bearing on what are we really doing.. .even after reading." New staff found that having TA providers

they could call at any time with questions was extremely valuable and they appreciated being reminded about the importance of "keeping on strategy."

New organizational relationships formed during the implementation phase for the purpose of implementing the various components of the program. For the most part, the agencies with which PMI contracted to implement the program components in each site did not have a history of involvement with the project during its planning phase. Therefore, they were generally unfamiliar with prevention marketing concepts. The task of bringing host agencies up to speed on PMI and informing them on how their piece of the project fit into the whole was a responsibility of site-based staff. Where staff provided materials and trained the implementation partners on the history and ideas behind PMI and the importance of each piece to the project in its entirety, partners stayed true to the program. If partners did not understand the connection of what they were doing to the larger set of integrated services, they were more likely to deviate from the design and thus threaten the integrity of the program. Even with the best efforts, the process was difficult. As one staff member said, "it's almost like giving someone two months to make a complete paradigm shift, and then expecting them to be able to function within this new paradigm."

One area identified as needing improvement by a few respondents was to better translate PMI concepts for the youth involved in the project. The concepts and the language were often hard to grasp. As one youth said, "I never really understood what social marketing is. They explained it. It went over my head." Those youth who had the opportunity to attend all-sites meetings said this helped clarify a lot of issues and terms for them.

Logistical Constraints

An issue that emerged during the implementation phase was a concern about the ability of sites to stay true to social marketing as a method, while meeting the other demands of the program. A tension developed between the need to implement the intervention as planned and a central tenet of social marketing which allows for the modification of programs in response to feedback. Some of the national partners and a few site-based respondents expressed disappointment over the lack of opportunity for sites to incorporate feedback into their programs.

Evaluation has been difficult. In part, this is due to both its late implementation and conflicts with community norms. Another reason has been the high turnover in evaluation coordinators at the sites. In order to relieve staff of some burden and protect the rigor of the design, a specific TA provider was

assigned to the evaluation. This provider spent time on-site as well as over the telephone, working with individual evaluation coordinators.

Almost all site-based staff and implementation partners felt that the approval process for implementing products was cumbersome and time-consuming and was, at least in part, responsihle for the long time leading up to implementation of interventions. This was the most commonly expressed criticism of PMI. Many accepted this as the cost of being involved in a demonstration project, but expressed the opinion that these processes could and should bc streamlined if the project moves out of a demonstration stage into more widespread implementation. Despite consensus on this necessity, two different lessons were drawn from this experience. One was that the process for obtaining approvals should he more centralized; for example, using the same formative research contractor in all sites. Another lesson was that local capacity should be built all along the way with more TA given through local expertise, and usc of local contractors and institutional review boards wherever possible.

Discomfort with the approval process raised a larger issue concerning the relationship between the sites and the national partners. The demonstration sites were structured so that the funding and the technical assistance were both delivered through national partners, with approval of all materials required from the national level. Alternative models might include either a cooperative agreement or a grant mechanism whereby sites are given more latitude to move in directions they see as most effective, with less review from the funding agency or its designee. The disadvantage would be less consistent TA provided to the sites and loss of national control. The benefit might be a shorter process, with greater community control and greater use of community resources. It may bc that the first model is necessary when working with inexperienced community organizations, as was true when PMI was first initiated. The second model may bc more appropriate if PMI were funded through the RFP process.

Another challenge was for site-based staff to take over the training function, previously done by AED, as new members joined their staffs and committees. Staff were already burdened with implementing the interventions, and new members in most sites had difficulty learning the reasons for decisions that were made. On the other hand, as staff became more adept at the training function, they began to speak to a variety of community groups, and two have even started to conduct social marketing training for major organizations in their states.

Rcspondcnts made suggestions for improving support to sites. A few respondents commented that they would have liked to have known more about what was happening at other sites than they had been able to learn at annual meetings, or through informal channels. This statement was echoed in the comments of a national partner: "We never really perfected a way to share lessons learned in one site

rapidly with other sites. We hnd monthly reports that were shared. and there were special topic conference calls and all-sites meetings each year. but a really timely sharing didn't take place."

6.3.3 Benefits of TA and National Support

Despite the challenges noted, TA and other support was considered one of the greatest contributions of PMI to each of the communities.

Understanding and Applying Prevention Marketing

Most respondents felt that they learned a lot from rhcir participation in the program. They understood and embraced the prevention marketing concept, although the understanding was greater among those who had been involved when the formal training was provided and used to design the program than among those who became involved during PMI's implementation phase. For those who did understand and grasp the concepts, they clearly linked the process to the final product that they created. Furthermore, they saw great value in the process that was used to develop the program and attributed positive outcomes to this process. both in terms of their own ability to transfer this approach to other settings. as well as to the ability of the program to achieve its behavioral goals. One respondent said, "we could get some results with any one of the strategies, but all together is stronger."

Staff and volunteers involved in each of the demonstration sites did not view social marketing and behavioral science as separate entities, but rather as integrated concepts that, together with community involvcmcnt, comprised prevention marketing. As one site director said, "they're all combined to do this.. .it's not one or the other.. .we employ the principles and techniques of social marketing.. .with behavioral science and community planning to make it work." Another, in response to a question about the usefulness of behavioral science., stated that "[behavioral science] is equal to social marketing. It is hard to separate from any other aspect of the program. We would not have seen as much success with social marketing if it had not been predicated on behavioral science. Everything was based on behavior change." This view was consistent with the perception of the national partners. The behavioral science component was presented in an integrated manner, focusing on the need to "understand your audience" in order to successfully develop social marketing interventions.

The result of using the prevention marketing approach was an integrated set of services and messages designed to achieve the desired behavior change. The value that participants saw in what they created was largely due to this integration. One participant commented that, "We could not have designed the program without prevention marketing.. .It is important for putting together an integrated" set of services.

User Satisfaction with Technical Assistance

Most respondents could not identify any types of technical assistance they wanted to have but did not receive. The primary exceptions to this were noted above – the desire for more contact with each other and for a streamlined approval process. Some AC members or implementation partners would also have liked to know more about prevention marketing. Overall, respondents especially appreciated rhe fact that support was available in an ongoing and individualized manner. One person summed up the general attitude by saying: "They knew when to push forward and when to step back and let the community do what it was designed to do. That is the mark of a good technical advisor."

A comment that we heard from both site-based participants and national partners is that technical support really operates in two directions; the national partners learned from the sites just as the sites benefited from what the national partners had to offer. The national partners provided important expertise in social marketing and behavioral science, and information about HIV. Community members often had much to teach the national partners about community organizing, or simply about community norms. The program was most effective when this balance of expertise was recognized and respected.

6.4 Involving Youth

Youth involvement is considered one of the innovations of PMI in the field of HIV prevention. and in community planning. There is little history, either within communities or at the national level. of involving youth to help develop and implement prevention programs. Some valuable lessons have emerged from this experience.

6.4.1 Logistics of Youth Involvement

Kecruiting youth to work with PMI worked best through other community agencies and through word of mouth. Kecruiting from schools was not found to be particularly effective. As the program was implemented, workshop participants became another source of new youth committee members. Maintaining youth involvement required attention to meeting times, transportation, and refreshments. Most youth were in school and some had jobs as well, while few had cars. It was important to provide transportation and to schedule meetings that did not conflict with school or other activities. Food, particularly pizza, was found to help maintain reasonable attendance levels.

Young people enjoy being active. The greatest difficulties in maintaining youth involvement came during those times in the project when there were few activities that required direct action. Field trips and training activities were very popular with youth. They also enjoyed being involved in formative

research and design activities. Thus. it is important to plan for involvcmcnt by having concrete activities that youth can engage in, even when products are being written or are wending their way through the approval process.

A third important element that contributed to sustained involvement was the respect shown by the adult staff and volunteers to the youth. Youth were most positive about their involvement when they felt that their ideas and opinions were valued and when they could see direct evidence of that in the process by which the program was designed and implemented. As one staff member said. "We don't just listen. we make chanpcs based on what they say. They see that. They have ownership. It's not fake, we really need them." Youth responded to this attitude in a positive way.

Four sites provided stipends to encourage and sustain youth involvement. Most respondents felt that this was successful in generating interest and in keeping youth involved when other jobs threatened to pull them away. Others, however, stressed that the real motivation for involvcmcnt came from believing in the cause. As one adult said, "They want to change the world." Young people themselves appreciated the stipends, but some emphasized that they became involved because they enjoyed meeting with peers and learning the skills associated with PMI. On the other hand. one of the youth coordinators was adamant that young people should be compensated for participation in PMI. This person stated that compensation should be similar to what a person of the same age would make at a part-time job, and the demands made on the young person should also bc commensurate to what would be cxpcctcd at a place of employment.

6.4.2 Role of Youth

Each of the demonstration sites sclcctcd its own approach to involving youth. All sites organized a youth committee (YC) that met separately from the advisory committees (AC). at least for awhile. Most also brought youth into the AC. Several respondents agreed that youth have a low level of tolerance for planning activities compared to adults – the young pcoplc were easily bored in long meetings with few concrete activities to engage them. For this reason, the best model was one where some young people attended the AC. and the site maintained a separate YC.

Within the YC meetings, respondcnrs found that youth appreciated a structure that allowed for activities that were not overly directed or formalized. Wc were told that. "youth don't like people.. .setting the agenda for them," rather it is best to invite them, "then respect their level of maturity and say.. 'okay, now that you are here, wc believe that these are the problems, you unify to work on the solutions'."

Each site took a somewhat different approach to working with individual young people. One site strongly emphasized the development of individual youth through mentoring, referring them to services as needed. This site included youth members considered most "at risk" relative to other sites. Some of these youth made impressive gains, graduating from high school and obtaining good jobs or going to college, while others experienced difficulties. At the other end of the continuum, one site adopted the philosophy that youth should be included mainly for their perspective in order to guide the development of the intervention. Reflecting these differences in philosophy, sites made different choices about the intensity with which they worked with their youth members. Obviously, more direct service to young people utilized staff time and was difficult to maintain without a youth coordinator. On the other hand, this may have resulted in greater community capacity through the dcvelopmenr of young citizens able to work on projects and pass on PMI-related skills and knowledge. It may also have been the only way to maintain involvement of young people who best reflect the target audience.

Youth were most effective in roles where there was a meaningful end product. Roles in which youth provided great value included participation in the formative research (e.g., a condom audit of teen centers and community clinics), spokespcople for PMI, members of a creative panel, workshop facilitators, and outreach coordinators. Some sites effectively included youth as the "face of the project," placing their pictures on the products. or using their voices on the radio soap opera. One challenge was that when youth were highly involved, they began to develop a "professional youth perspective." This could make them less effective at product testing as they no longer had the same perspective as their non-involved peers. One site handled this by identifying at least two groups outside of PMI whose members could serve as testers.

Another form of youth involvement that Sacramento found to be particularly effective was to develop "near peers." Near peers were college-aged students that helped facilitate workshops. They could help bridge the gap between the target audience and the adult facilitators. In Newark and Phoenix, young people actually were the workshop facilitators.

Considering that youth involvement was such a major contribution of PMI to HIV prevention and to community planning, it would be helpful to develop ways of making this an ongoing feature of such efforts. One respondent who had been working with young people in PMI since 1995 suggested a tiered approach to youth involvement. He would first recruit and work with older youth. This first cohort would then train a cohort of younger people. The second group would replace the first as they went off to college or better jobs. and they, in turn, could train a new group of teenagers.

6.4.3 **Overall Value of Youth Involvement**

Participants were unanimous in their support of youth involvement in PMI. Youth provide a unique perspective that contrihutcd to the products produced in all five sites. Having youth involved. participants stated. made it easier for teens to hear the message. The language of the interventions built on the youth perspective so that the resulting products used images that they could relate to and language that spoke to them. Many of the youth involved in PMI were also involved in outreach activities. adapting scripts. or facilitating workshops. In this way, they had direct contact with the target audience during the PMI implementation phase.

6.5 Implementing the Interventions

The implementation phase benefited from the strengths and suffered from the weaknesses of the planning phase. The community networking, the findings of the formative research, the audience selection. and the design of the intervention, all contributed to the successes the project enjoyed. Still, there were many challenges which offer critical Icssons, or which were parlayed into important successes.

6.5.1 Challenges in Implementing Interventions

Designed as a five-year demonstration program, the majority of time was spent on planning the PMI intervention. Interventions were not implemented until the final year or year and a half of the program. This was frustrating for most everyone involved **and** did not conform to the original vision, which would have dedicated the last two years to implementation. Given the short time frame for implementation. there were fewer opportunities to adjust the interventions based on what had not gone as well as anticipated. The short time frame also created difficulties for the evaluation of PMI and each site's plans for sustainability. A major lesson from this experience is that the timeline is critical. As suggested by a national partner, the time frame should have allowed for two years of planning, two years for implementation. and one for evaluation.

Another important lesson was that a community is not easily defined by its geographic components. Three of the demonstration sites were clearly defined urban areas while two were more regional in scope. One of the regional sites was really a loosely knit group of suburbs that did not share institutions or political decision-making structures, and that did not have a clear core city. As one respondent said, "the thinking was that it was a region, that all these suburbs were some sort of a meaningful unit. That turned out to be naive." At the same time, the target audience was not defined around a meaningful catchmcnt area. in part because of the wide dispersion of the young African Americans in the region. It was decided to maintain the target audience because the data leading to that

choice was sound. but when conducting the interventions it was necessary to include other youth with whom the target audience interacted. This strategy was used in other areas as well. Adjustments then needed to be made in analyzing the workshop evaluations in order to differentiate outcomes within the target audience and among all those who took the workshops.

Another important finding was that the partners selected to implement the intervention were not alike in terms of their knowledge of PMI, or in their rescnrch-orientation. One lesson learned was that sites needed to spend time to orient partners to the project. Partners needed to understand how and why the intervention was designed as it was, and why it was important that the implementation stay true to the model if it was to succeed in meeting the desired behavioral objectives. One lesson drawn by a national partner is that sites should have multiple workshop subcontractors. This is because Community-Bused Organizations (CBOs) can have unstable infrastructures. A subcontractor may work out well for a while and then prove unreliable. Other evidence points to the benefit of centralizing all workshop logistics in the PM1 office under the supervision of the site director but carried out through another staff member.

One of the challenges for PMI was the expense associated with the media component, making this the most difficult component to sustain over the long term. One way of meeting this challenge was through good working relationships with professionals who could contribute to the quality of the intervention and negotiate good rates for PMI. Another solution occurred when services were donated. For example, a second radio station aired the Nashville radio soap opera for free, as part of its public health director's broadcast.

6.5.2 Benefits of Implementing the Intervention

Despite difficulties in launching and maintaining the interventions, there were many success stories. The workshops were highly praised by staff. youth, and the implementation partners. Most sites adapted the curriculum to fit their communities and were pleased with how that went. They valued having a curriculum of high quality that they could adapt based on local research results and with the help of technical assistance. Several participants cited the importance of incentives to recruit teenagers for the workshops.

Three sites added parent components to the intervention. Each of these sites placed a high value on this component and found that it had been well rcccivcd. One respondent went so far as to say that if only one component could be maintained, she would favor the parent piece over the youth component. The parent component was easier to implement. Young people were reached indirectly with this component, through their mentors and caretakers. A lesson from the parent workshops was that, "The idea that the parents don't care is really wrong." Parenting adults were eager to learn and found the

supportive environment of the workshops useful in overcoming some of their difficulties in working with their teenagers.

As discussed earlier in this chapter, one of the lessons from PMI was that the interventions were perceived as being most valuable when the components were integrated into a larger whole. This impression was borne out by the telephone survey in Sacramento, which found that young people were most likely to meet the behavioral objective if they received the PMI message from multiple channels. Integration of components was not easy to achieve for several of the sites. While an integrated set of services was desirable, it took some creativity and effort to ensure that it happened as planned. Some of the techniques used to integrate the components included using slogans, logos, and names so that PMI would be easily identifiable and teenagers would be drawn to workshops or media events. Other examples included a 1-800 number in Sacramento that appeared on all the materials, and the integration of the behavioral objectives into each segment of the radio soap opera in Nashville. In this way, young people received reinforcement of what they learned in workshops, or if they never attended a workshop, they at least had exposure to the main message of PMI.

6.6 Evaluating PMI

PMI broke new ground in its efforts to evaluate a social marketing campaign among teenagers. There was no single evaluation model that fits the implementation of social marketing interventions using specific behavioral science theories in varied community-based settings. The multiple evaluation methods that were selected were described in Chapter 4. Implementation of the evaluation components was not without its difficulties and its detractors, yet as data began to be collected and interpreted, it became obvious that rigorous evaluation methods could contribute a great deal to the interventions. Several key lessons were learned from both the challenges associated from this experience, and from the benefits that were eventually derived from evaluation.

6.6.1 Challenges in Evaluating PMI

A discussion of challenges to evaluation was included in Chapter 4. Here we reiterate some of the challenges and associated lessons in the areas of (1) planning for evaluation, (2) evaluating a social marketing intervention, and (3) evaluation logistics.

Development of the Evaluation Plan

An evaluation plan should be developed early, so there is plenty of lead time before implementation of the interventions. This, in turn. depends on efficient use of time for designing intervention components. In the demonstration sites, the late start compromised the number of cases that could be used in the evaluation. It created problems for staff who could not adequately plan the logistics of evaluation. and for implementation partners who were not adequately trained on its execution. A major reason for the delay in evaluating the workshops was not a lack of cognizance of its importance, but rather common delays associated with receiving approvals and clearances (e.g., IRB, OMB). These delays were compounded by the long time spent in planning, and by difficulties associated with evaluating adolescent sexual behavior. The result was that there simply was not adequate time to design the evaluation and rcccivc all necessary clearances before the sites were ready to launch their interventions.

The decision to go ahead and implement the workshops before they could be evaluated had implications later in the project. As noted above. each site was required to serve a specific number of tcenapers by the end of 1997. This meant that some sites had already been delivering the workshop for a year by the time the evaluation began. As a result, some sites were meeting programmatic goals for the number of teens served, but were not achieving an adequate sample of young people for the evaluation. Where teenagers took the workshop in the summer of 1997, when there was no evaluation. and were recruited again in the summer of 1998, it created difficulties for the analysis of the evaluation data.

Evaluating a Social Marketing Intervention

Respondents who were experienced in social marketing, whether located in a demonstration site or with one of the national partners, pointed to a natural tension between the goals of social marketing and those of experimental or quasi-experimental program evaluation. By design, social marketing interventions are not static. A marketing approach dictates that early feedback be used to adjust and change the intervention. This stands in contrast to an experimental (or even quasi-experimental) evaluation design, which requires uniformity and stability of the intervention to adequately detect and interpret changes attributable to the intervention. This difference caused friction between those whose job it was to deliver the workshops (facilitators and workshop subcontractors), who wanted to change and adapt the curriculum as they went along, and those who retained responsibility for the evaluation. One respondent described the conflict as follows:

In social marketing, the thing that you are measuring is not the workshop itself. If you are really doing marketing and you find that activity 7 doesn't work, you need to replace it. [If you do that] you are still studying marketing versus non-marketing. Then you are saying that if we adapt to the audience as we go along we are going to have better results than if we don't adapt... [However], if you keep everything static over here and over there, you haven't compared marketing and non-marketing.

This tension has not been adequately resolved. From a marketing perspective, some flexibility is beneficial yet, if this flexibility had been allowed, the particular behavioral science interventions of PMI would not have been adequately tested. This is an area that requires further thought.

A national partner suggested that evaluation bc tied to certain milcstones that could be established at periodic intervals. It should be noted that an early monitoring effort was tried using this approach. At that time (1995), not enough was known about PMI and the milestones did not reflect reality. For future initiatives it may be possible to set milestones that would be associated with specific outcomes. A crucial aspect of this design is that evaluation measures would need to be tied to these outcomes. In this way, progress could be viewed in light of the actual activity being conducted at different points in time. For example, during the planning phase rigorous study of community collaboration may occur, followed by evaluation of the intervention itself during the implementation phase.

Evaluation Logistics

The method used to evaluate the workshops – a prc- and post-test design with follow-up and a control group – was characterized as very difficult to execute in part because it interfered with the implementation of the intervention itself. Typically, a service provider would want to recruit a group of teenagers and conduct the workshop before interest could wane. This approach conflicted with the experimental design used in PMI. This design required that two groups be assembled to take a prc-test survey, but that only one group receive the intervention at that time. The second group was required to wait for several weeks before it could take the workshop. As a result. some groups and many individuals were lost. Also, there was an opportunity for contamination between the primary group and the delayed group.

A related challenge was attrition between the time of the post-test (immediately after the workshop) and the follow-up survey four to six weeks later. This was particularly problematic when the timing of the follow-up coincided with summer vacation and the consequent loss of contact with the teens. Fortunately, there was not much attrition between the prc and post-tests within each intervention group.

Facilitators and program coordinators were concerned about the length of the evaluation instrument itself, and the number of consent form?; that needed to bc signed for a teenager to attend a workshop. The evaluation forms were long (over ten pages), often taking 30-40 minutes to complete. The process was sometimes exacerbated by language harriers and poor reading skills. Simpler evaluation formats may overcome some of these difficulties.

6.6.2 The Benefits of Evaluation

Despite some initial resistance to evaluation, as sites began to plan for sustainability, they came to see the value of evaluation results. They found that it is far easier to secure funding if outcomes can bc dcmonstratcd. If this had been clearly understood up front, site-based staff may have found it easier to secure greater cooperation for evaluation from their implementation partners and support from community members. However, it should bc noted that the main difficulty encountered in conducting the evaluation was not lack of cooperation. In fact, some implementation partners clearly valued evaluation data and chided PMI over the delay in developing an evaluation plan and receiving necessary approvals.

While the ability to obtain funding for the future is critical for those sites that wish to continue, another major benefit of evaluation is its contribution to understanding whether or not the interventions work with the population that was targeted. Clearly, the telephone survey in Sacramento demonstrates this. and further demonstrates that an integrated, multi-channel intervention is very valuable. The survey also contributed new knowledge about sampling teenagers – avoid too tight a geographic area. Such knowledge may lead to additional surveys that would hopefully replicate the findings in Sacramento.

6.7 Sustaining PMI Activities

At this point, it appears that some of the interventions developed by the demonstration sites will be continued, but many others will not. As each of the sites struggled in the last few months of the project to figure out whether and how to sustain these activities, they reflected on a few things that worked well. They also reflected on what might have helped them better position the program to secure funding and partnerships to sustain its activities in the future.

One of the major frustrations for the sites was the short time period in which to implement the interventions after so much time had been devoted to planning. This left them with less time than they would have liked to generate interest and support and to adequately investigate options for the future.

Some of the sites also reflected on the fact that the original planning committees did not necessarily have the right membership for planning for the sustainability of the programs. The

membership did not have fund-raising experience or the right connections. for the most part. to position PMI for the future. A practical result of incorporating a transitional phase was that this allowed sites to reconfigure their planning committees into advisory committees. Some suggestions expressed by respondents included the desirability of stronger connections with state and local government agencies. business. and managed care organizations. Creating these connections was a natural outflow of reconfiguring the advisory committees shortly before implementing the interventions.

Lack of evaluation data also hampered attempts to secure funding. As one respondent stated, "It is hard to sell the program without evaluation results." Most funding agencies want to see demonstrated effectiveness and the sites were unable to provide that in a timely fashion, if at all. This suggests that evaluation should end at least cipht months prior to the end of program funding so that sites will have results to use in the search for sustainability funding.

Suggestions for how the national partners could support efforts of sites to sustain themselves were somewhat contradictory. Some respondents wished for another year of funding. Another suggestion was for a gradual funding reduction over some period of time. This would allow sites to begin by seeking matching funds, after which they would look for full funding for their sites. Site-based respondents hclievcd that potential funding agencies would be more interested in them with CDC weight behind the program.

Finally. sites found that it was easier to find support for individual activities rather than sustain the integrated set of interventions that they had developed. This was frustrating for those who worked hard to develop a total package with a value greater than any one piece alone. The media component in particular was difficult to sustain because its cost was comparatively high.

Even though not all sites will continue their PMI interventions, expertise had been created that will continue to benefit communities. In the words of one national partner, "We have spawned pockets of expertise around the country."

6.8 Enriching the National Dialogue

In this chapter we discussed the major lessons from PMI with respect to its organization, mcmbcrship. and interventions. Wc also spoke about the challenges associated with evaluating the interventions, and with continuing the project into the future. Our focus was on the demonstration sites themselves.

PMI also provided lessons in another way. Both the successes and difficulties associated with the project are teaching experts in social marketing, community planning. health promotion. health

communications, and related areas how to involve community members in social marketing efforts that are based on excellent behavioral science. PMI is considered to bc a valuable innovation, recognized by leaders in the field of social marketing.

Not everything was expected to be perfect. As one person pointed out, demonstration projects arc meant to have mistakes. It is through these mistakes that innovations can be refined. In this way. all those who worked with PMI were major contributors to the field of public health. Therefore. it is crucial to keep in perspective that the impact of PMI reaches beyond individual communities and is national in scope. At the same time, PMI was launched in communities, and members of those locations worked hard to carry out the project. In the conclusions, wc will briefly summarize their experience and develop a set of recommendations for future programs.

Chapter 7.0
Conclusions

Chapter 7.0 Conclusions

In this chapter we develop a set of recommendations for future prevention marketing efforts that may also be applied to other forms of community participatory programs. They would be especially true for HIV prevention efforts such as community planning, or of social marketing processes targeted to a variety of public health problems. In fact, some of the earlier lessons of PMI have already been disseminated to such entities as local HIV prevention community planning groups (CPGs), and to the National Centers for Chronic Disease Prevention and Health Promotion (NCCDPHP) at CDC. One purpose of the current document is to add to the lessons being disseminated. We end the chapter with our overall conclusions for this integrated case study report.

7.1 Recommendations

The recommendations are derived from the material presented in previous chapters, particularly the lessons learned. They are concerned with: (I) the way that the project is organized, (2) the design and implementation of interventions, (3) evaluation of the program. and (4) measures for sustaining the program. Integrated within each of theses topics are recommendations concerning community involvement, including young people.

7.1.1 Organizing the Project

The demonstration sites encountered many challenges as they moved through the planning phase for PMI and prepared to launch their interventions. Challenges continued throughout the remainder of the project, but sites also had some clear succcsscs. Both of these kinds of experiences lend themselves to some important recommendations for the future.

Plan for the life cycle of the project when organizing the initiative. Organization includes staffing, the lead agency and volunteers. Planning means thinking about the attributes of each organizational component that would successfully accommodate the full life cycle of the project. This kind of thought process is necessary before writing a request for proposals (RFP), and future prevention marketing efforts would probably be best served through an RFP procedure or cooperative agreement. The project should be managed on-site as much as possible, with national partners acting in an ova-sight and limited technical assistance capacity.

Hire sufficient staff at varying levels of experience. The site director needs to be a professional with a track record in managing similar projects. She or he needs to be supported by a team that has expertise in project development, workshop facilitation, management or administration, community development. youth involvement, evaluation and outreach. Skills in fund raising and in public relations are also critical to the long-term success of the project.

Carefully define "community" so that it has some real meaning in terms of social relations and sociopolitical institutions. This is a concern for many types of initiatives that call for community participation. For PMI, a clear definition of what the "community" is would help define who should be involved in the planning and advisory committees. and would serve to focus the definition of the target audience, and the limits of the geographic area for the interventions.

Nurture and support the volunteers to keep them involved and engaged. This applies to groups formed from the general community, such as the advisory committee, and youth committees. It means providing training to members, positioning the initiative as a resource in the community. having well organized and fun meetings, and attending to the needs of collaborators.

Find mechanisms For involving newcomers and For allowing long-term members to exit gracefully. Five years is a long commitment to a project. Also, as the needs of the project change, the kinds of community members needed on advisory committees and on subcommittees change. Incorporate a nomination process into a set of by-laws, and include a rotation scheme for membership. New members need to bc thoroughly briefed on the PMI process.

Involve members of the target audience, or appropriate representatives of the target audience. For PMI this was accomplished first and foremost through the youth committees. PMI proved that young people can work with adults on a meaningful project if they are properly supported both in terms of mentoring, and through a reasonable incentive. The kind of mcntoring needed is likely to vary depending on how closely the young people mirror an "at risk" group. The more difficulties that young people face in their own lives, the more emotional and social support they will need in order to participate meaningfully. On the other hand, PMI needs to define itself such that it is not a social service agency in its own right.

Have levels of youth participation. If PMI is to maintain a youth committee. then it needs to be cognizant of the fact that as teenagers grow older, part-time jobs compete with other after-school activities for their time. At the same time, if young people arc to receive meaningful stipends for participation. they should be expected lo perform as part-time employees to the project. This may mean bringing in two groups of young people. First, older teens or collcgc-age youth would be trained in the

concepts and principles of prevention marketing and would participate in advisory committee meetings and community outreach projects. Once this group became comfortable with its role, members would help to recruit and facilitate a youth committee of younger teens. The older group would be paid for their efforts, while the younger group may only receive incentives. The older group would also be eligible to be trained as workshop facilitators or to help implement other types of interventions. As this group grows older, teens from the younger group would replace them. They would also be responsible for recruiting new "younger youth committee" members.

Reconceptualize the phases of PMI. Initially, PMI consisted of two phases, planning and implementation. Soon after the project began, it became apparent that changes were necessary in the organization of the project, and a phase was inserted called the "transition to implementation." If PMI is to continue to have a five-year funding cycle, it should consist of the following three phases: planning (two years), implementation (two years), and sustainability planning (one year). Evaluation should be integrated throughout the life of the project.

7.1.2 Designing and Implementing Interventions

Creating, launching, refining. and maintaining an intervention targeted to the prevention of HIV infection among young people was the central reason for PMI's existence. In the process of meeting this goal, PMI participants learned a great deal. These recommendations represent key insights from this process.

Keep the process of designing the intervention evidence-based. The 1996 case study detailed the planning process for the interventions. A planning process based on data that members can understand leads to community support, keeps volunteers and staff focused, and reduces friction. The hard work that went into planning paid off when reasons for decisions needed to be explained to implementation partners later in the project.

Structure technical assistance to provide options and menus for sites to select from. This was one of the major insights that national partners gained as the project moved into its last two years. They learned that it is too overwhelming and time-consuming for sites to start a process from the beginning, gathering all relevant data or possible curricula. It is easier to focus on selecting and modifying from what has already been developed and tested.

Find ways of keeping input from the target audience fresh. If prevention marketers depend on one group of young people (or other community members for other types of initiatives) to provide all of the input for the target audience, members of the group are likely to become socialized to prevention

marketing norms. Therefore, strategies for providing fresh input, such as pulling together a second youth group, or rotating test messages through several different high schools. may prove useful.

Keep the information loop strong. As new community members xc involved in committees, and as implementation partners are brought on board, find creative ways to train them in the social marketing and behavioral science theories and methods that arc relevant to the choices made in the site. This pays off in the cooperation of partners when they question some of the reasons for decisions made by staff, national partners and long-term advisory committee members.

Facilitate communication across sites. Active members of PMI, staff and volunteer, enjoyed opportunities to communicate with their colleagues in other sites. Some participants, especially young people, would have liked more opportunities to meet in person.

Link the intervention components so that they are one identifiable whole. Qualitative responses and early findings from outcome studies demonstrate that linking each component of the intervention with each other serves to reinforce the message. For PMI, the sum is definitely greater than each of its parts.

Balance caution with determination. PMI enjoyed some notable successes in the kinds of community linkages it was able to forge. Staff and community members receded from bold media coverage of the program. hut worked methodically and carefully to make the project known within the community. This really paid off in four of five sites where PMI was implemented in schools. One site, a reputedly conservative community. was able to hold workshops in a church setting. In another city, while ministers did not allow the workshop in the church, some did support informational sessions and referred young people to programs.

Don't forget parents. Parent workshops were considered very successful and necessary to reinforcing the message of PMI. Furthermore, it allowed parents to feel secure in their ability to communicate with their teenagers about difficult issues. Parent workshops should include any adult who influences young people. This may have contributed to the lack of community resistance to PMI.

Spend time getting to know the implementation partners. Some partners did not feel they were fully part of the project, or did not demonstrate a strong knowledge of PMI. This can bc corrected with better training, but it can also be helped by more of a personal interest in the agency. While there is not agreement on whether subcontracts should be dispersed or held by a very few reputable agencies in a community, knowing partners' strengths and weaknesses can help avoid difficulties.

Be realistic about logistics. Implementing a workshop was time-consuming and involved much more than getting young people to a workshop and delivering the content. There were incentives,

refreshments, and evaluations to be delivered. Often, timing was difficult; for example, giving the workshop at a time that fit the schedule of the agency. All these issues need to be well-thought out and planned in advance to reduce friction among partners.

Media partners need to understand the PMI philosophy and goals. Experts contributed a great deal to PMI, but sometimes they were used to doing things in a particular fashion that was not in line with the decisions made by PMI sites. Media interventions worked particularly well when ad agencies and other partners worked with PMI participants, and also exercised leadership in their own area of expertise. For example, youth members from Nashville were respected participants in the design and development of the radio soap opera, but a professional was responsible for the effort under the supervision of the PMI site director.

Update when necessary. PMI sites worked hard to conduct formative research and baseline assessments. Over a five-year project, some of this material becomes dated. Assuming that sites would have sufficient stuff, decisions can be made to update some of the research.

Allow sufficient time for implementation during the funding period. This will increase the likelihood of finding funds and venues for sustaining the project over the long term.

7.1.3 Evaluating the Program

Evaluation was one of the most difficult aspects of PMI. The difficulties were not unique to this effort, but they were exacerbated by the brief time available for carrying out a rigorous design. One reason for the brief evaluation period was the long time spent preparing to launch the interventions.

Train community members on the advantages of evaluation. This does not mean teaching community members to be evaluators. It may mean simply sharing the experiences of demonstration sites, or of other community programs to reinforce the importance of having data to both improve the program, and to advocate for additional resources.

Plan for evaluation from the beginning. It is likely that implementation partners, as well as other PMI participants, need to be more fully apprised of the complexities associated with evaluation. The late start for evaluation was due, in turn, to the late start of interventions, as well as common delays associated with clearances and pre-testing and piloting instruments. The recommendation of a PMI staff person that evaluation should be completed eight months before the completion of the project makes sense to us. It allows time to use data to seek new project funds.

Pretest evaluation instruments for future audiences. The case study team heard many complaints of evaluation instruments being too long and too detailed for the young people who were

using them. They also were not geared to the appropriate reading level in the opinion or expcricnce of some facilitators. Although instruments were pretested and revised, this step should bc revisited in future projects using the PMI workshop component. Also, if the project were implemented earlier, this could have afforded more time to pretest the instruments. Then, changes could have been made without harming the integrity of the evaluation.

Have adequate funds for evaluation. Evaluation coordinators were not paid well and there was a great deal of turnover in the position. One approach would help to more firmly position PMI in the community. This would mean linking with a local university or research firm to conduct evaluations. Another approach may be to include evaluation expertise as one of the skills necessary for one of the full-time, permanent PMI staff positions.

Allow for flexibility in evaluation. Ideally, for an intervention based on social marketing, the evaluation should allow for the intervention to change based on feedback. In the future, this maxim may be incorporated in different ways without compromising the rigor of evaluation. For example, evaluation can occur in waves such that an intervention component like a workshop is evaluated for a cohort using a quasi-experimental design. Feedback is then incorporated into the workshop curriculum, and a new cohort is evaluated. Such an approach requires launching the intervention far sooner than had occurred in the demonstration sites, if a project is on a similar five-year timclinc.

Don't put all your evaluation eggs in one basket. Aside frorn conducting evaluation in waves. incorporate different types of evaluation at different times in the project, and for different components. For example, a site may monitor member satisfaction with committees at intervals throughout the project. It would also need to monitor the implementation of all materials, and conduct outcome studies of workshops. At the same time, more attention needs to be paid to outcomes associated with other types of interventions. Sites can also choose to do several process studies to improve involvement of community members, and to improve implementation of interventions.

Consider how carly decisions may affect later ones, and consider if changes can be made to a design. It turned out that a community-wide outcomes study was only possible at one site. Sacramento. There were several reasons for this. One was that the target audience in one of the other sites was so dispersed, and actually such a small proportion of the total adolescent population, it was not possible to develop a large enough sample size. Also, the normal procedure for such studies was to use a tight geographical area. This also resulted in a sample size that would have been too small for drawing any significant conclusions. It turned out that by using many zip codes. researchers were able to develop a large enough sample size in Sacramento and did not harm the integrity of the study.

7.1.4 Sustaining the Program

In Chapter 5 we made the case that a program may be sustained in many ways, from institutionalizing the program as a whole to simply disseminating the knowledge gained in the program. These recommendations should help a site to institutionalize its program, should that be what it chooses to do. They would also help to build capacity, transfer technology and disseminate knowledge.

Follow the timcline. If programs are launched by the beginning of the third year and data are collected throughout the project, and analyzed in waves, then sites should be comfortably positioned for applying for funds.

Develop an excellent reputation in the community – and beyond. Build supporters and advocates through community outreach activities, well-thought out and positioned media pieces, and through the overall quality of the program. Sit on community boards. accept invitations to speak about social marketing or other topics, and go to events sponsored by organizations that send volunteers to the advisory committee. In the two sites that will be maintained as distinct entities, the program became known beyond the local community, and beyond HIV/AIDS prevention.

Think about what can be shared with others – either *pro* bono or for a fee. PMI site directors became experts in social marketing and some staff became experts in training workshop facilitators. These arc skills that other agencies may be looking for. In addition, PMI sites amass a great deal of data about their communities during the process of conducting formative research and baseline assessments. In fact, in one site, PMI was characterized as a clearinghouse for such information. These skills or information could bc used to generate income, but they arc also valuable as a way of demonstrating PMI's worth to the community.

7.2 Conclusion

PMI began in 1993 as a "laboratory" for prevention marketing, combining community participation with social marketing and sound behavioral science. For a period of five years, five communities engaged in a demonstration of prevention marketing, creating an opportunity to learn about the experiences of project participants. both at the local and national levels, and to providing lessons from those experiences that can inform future prevention marketing initiatives. This case study represents one important element of this structured Icarning, focusing on the final two years of the project.

This study was designed as a single case study with each demonstration site and two of the national partners (AED and CDC) serving as the units of analysis. However. these units are not strictly comparable. This lack of comparability is due to differences in the contexts in which PMI was

implemented and, where the national partners are concerned, differences in roles. The case study was also designed as a descriptive study. It was not meant to develop relationships of attribution or of causality. These represent the limitations of this approach. The primary strengths of the approach are the rich descriptions of participants' experiences and the opportunity to hear their views of the process and outcomes of the PMI demonstration sites. These are valuable findings in their own right. They will also provide context for other evaluation efforts being conducted for PMI.

The five-year project demonstrated that the integration of these three components – community participation, social marketing, and behavioral science – was successful in the development of a multifaceted intervention. PMI is a viable model for the development of community-based prevention programs. Kespondcnts in all five communities agreed that all three components were needed to achieve this outcome. In fact, most respondents did not differentiate clearly among the three.

The qualitative response to PMI has generally been positive, at least in the sense that most participants in PMI thought the interventions were of high quality and that their involvement in the project was a positive experience. Also, the limited outcome data available to date demonstrate a beneficial impact of the PMI intervention on the community. Other data are currently being analyzed.

Despite the uniform success in developing and launching an intervention, and the results of outcome data to date. only two sites continue intact beyond the end of the funding period. This means that in only two communities will PMI maintain a distinct, recognizable presence. Thus the ability of PMI to sustain itself in the absence of federal funding has met with only partial success. However, the legacy of PMI continues in other ways through increased capacity for prevention planning and through knowledge dissemination.

Participants believe that PMI has contributed to the capacity for HIV prevention and social marketing within these five communities. As evidence, they point to the application of both the methods and the substance (especially the fonnative research data) by other programs within the communities. They also point to improvements in local applications for public health funding, which demonstrate a greater understanding of social marketing concepts.

PMI has also contributed a great deal nationally to our collective knowlcdgr: about public health promotion and, as other data arc analyzed. it will likely contribute more. For example, national partners learned a lot about community participation. They learned that communities need strong leadership on-site, but they also need oversight and direction to avoid spending too much time planning with little time left for implementation. They also learned that community members can understand and use data for decision-making, but experts do need to facilitate this process by gathering and packaging information to

present options for interventions. In other words, communities are smart and have much to contribute, but the time of volunteers is limited and thus their energies need to be focused.

Wc concur with the belief shared by many respondents that this model is one that can bc replicated, with modifications, for new communities and for other types of public health promotion efforts that involve community members. As one person noted, prior to this initiative, there was no term in the national lexicon that clearly emphasized and reinforced the community as a major partner in developing prevention messages for its own population. This type of approach is no longer unusual. and PMI has played a significant role in this development and in creating a national dialogue to support further developments in this area.

Appendix A
Interview Guides

Appendix A: Interview Guides

Advisory Committee Representative

Name of Interviewer: _____

Name of Note-taker: _____

Date: _____ **Location:** _____

. . . . . .

Site: _____ **Code:** _____

Type of affiliation: _____

Role in PMI: _____

. . . . . .

ROLES & RESPONSIBILITIES

I. When and how did you get involved with PMI?

2. **What has been your involvement in the implementation of the PM1 intervention?**
[probe for role of advisory committee in intervention – and change since 1996]

2a. **How have the roles of the committee and staff shifted over the course of the PMI project?**
[probe for possible shift in decision making from committee to staff]

2b. How would you describe your satisfaction (or dissatisfaction) with the intervention or the way it is implcmcntcd?

3. **What has been your involvement in efforts to evaluate PMI?**
[probe for role of advisory committee in evaluation – and change since 1996]

3a. **How would you describe your satisfaction (or dissatisfaction) with efforts to evaluate the PMI intervention(s)?**

TECHNICAL ASSISTANCE and INTERVENTION IMPLEMENTATION

4. Tell us about some of the technical assistance your committee received in the following areas? [try to specify what has been received since 1996 and/or transition phase]
   - 4a. TA on social marketing/staying on striilcgy'!
   - 4b. TA on behavioral science/data-based decision-making?
   - 4c. Any other TA you'd like to describe?

5. How useful were concepts like staying on strategy for designing the intervention?

   5a. For implementing it'?

0. How useful were concepts like data-based decision-making for designing the intervention'?

   6a. For implementing it?

7. Overall. for TA offered since early 1996, what has been most effective?

   - 7b. What TA was not particularly effective'!
   - 7c. What TA would you have liked to receive but did not'?

COMMUNITY COLLABORATION

8. What new collaborative relationships have been developed in PMI in the past two years? [since 1996 and/or transition phase]

   8a. How has the character of collaboration changed over the course of the PMI project'? [probe on how people or organizations arc working together in new ways or working better as a group)

9. What Jo you see as the most successful aspects of the collaborations (community and CBOs) developed as part of PMI?

10. What (if any) are the difficult aspects of collaborations developed as part of PMI?

    - What were the barriers to gaining the participation of community members and/or CBOs in PMI?
    - What groups or people would it have been good to have on board but were not?

11. What lessons do you think have been learned from the collaborations developed as part of PMI?

11a. How has the collaboration developed within the PMI process affected resistance to or controversies about the PMI interventions in the community:'
[relative lack of resistance or controversy]

YOUTH INVOLVEMENT

12. How would you describe the contribution of youth to the PMI process during the past two years?
[transition to implementation and implementation of inlervenlion]

13. **What, if** anything, would you have done differently in the way youth were involved in the PMI process?

SUSTAINABILITY

14. How appropriate do you think it would be for PMI (or PMI efforts) to be sustained into the future after CDC funding is discontinued'?

14a. How likely is it that PMI (or PMI efforts) will be sustained?
[what is being done to ensure sustainability'?]

IS. What (else) do you think would need to be done for the local PMI (or PMI efforts) to be sustainable over the long run?

RECOMMENDATIONS & WRAP-UP

16. What aspect or action of PMI are you most proud of or see as the greatest accomplishment?

17. If someone were developing a new PMI site, what 2 or 3 pieces of advice would you most want to give them'?

Lead Agency Directors

Name of Interviewer:_____

Name of Note-raker:_____

Date:_____ Location: _____

Site:_____ Code:_____

Type of affiliation: _____

Role in PMI:_____

BACKGROUND

1. When and how did you get involved with PMI?

2. What have been your position and responsibilities in PMI?

3. In what ways (if any) have your position or responsibilities in PMI changed since 1996?

4. How has the role of the lead agency changed over time?
[probe for change since 1996 and/or transition phase]

COLLABORATION

5. Please describe the relationship your agency has with PMI. How does PMI fit within the other programs of your agency? How compatible do you think PMI is with the other programs of your agency'?

6. What positive impacts or benefits has PMI had on your agency'?

7. What negative impacts or costs has PMI had on your agency:'

8. How has PMI affected your agency's relationships or collaborations with other HIV prevention groups:'

CAPACITY BUILDING

9. How effective do you think PMI has been in building capacity in HIV prevention in the community?

10. What is your opinion on the level of innovativeness of PMI in the ways it has operated?

10a. Innovative in capacity building (social marketing, behavioral science)?
10b. Innovative in building community collaboration?
10c. Innovative in the intervention and/or its implementation?

SUSTAINABILITY

11. What is your opinion of the likelihood that the PMI (or PMI efforts) will continue after CDC funding is discontinued?
[What is being done to ensure sustainability?]

12. What do you think would need to be done for the local PMI (or PMI efforts) to be sustainable over the long run?
[Probe for impact of PMI not continuing – would that be alright?]

RECOMMENDATIONS & WRAP-UP

13. What recommendations would you give to an agency sirnilar to yours that was considering utilizing prevention marketing?

14. If someone were developing a new PMI site, what 2 or 3 pieces of advice would you most want to give them?

PMI Staff

Name of Interviewer:_____

Nnmc of Note-taker:_____

Date:_____ **Location:**_____

Site:_____ **Code:**_____

Type of affiliation:_____

Role in PMI:_____

ROLES & RESPONSIBILITIES

1. **When and how did you get involved with PMI?**

2. **What have** been **your position and responsibilities in PMI?**

   2a. **Role in** the **implementation of the** PMI **intervention?**
   2b. Role **in efforts to evaluate the** PMI **intcrvcntion?**

3. **In what** ways **(if any) have your position or responsibilities in** PMI **changed since 1996 (transition phase)?**

   3a. **In what ways (if any) have the** roles **of staff in** general **changed** since1996 **(transition phase)'?**

4. **In** what **ways (if any) have the roles of** the PMI **committees changed since** 1996 **(transition phase)?**

TECHINICAL ASSISTANCE & PROJECT SUPPORT

5. **How** usefulwere **social marketing concepts in** designing **your** interventions?In **implementing** them?[Example – **Staying on strategy]**

6. **How useful** were **behavioral science concepts in designing your** interventions? **In implementing them? [Example -**Data-based **decision-making]**

7. With regard to the technical assistance that has been given as part of PMI:

7a. What TA has been most effective?
7b. What TA was not particularly effective?
7c. What TA would you have liked to receive but did not?

8. What about other kinds of support this PMI demonstration has received from the national partners?

8a. Most cffcctivc'!
8b. Not particularly effective?
8c. Needed but not available'?

9. How did contextual factors in the communities affect the process of disseminating skills such as social marketing, behavioral science, and community participation.

(*Probes* – Examples)

- Limited data for decision-making
- Stuff turnover
- Local (and agency) politics
- Health-related events
- Slow committee process

COMMUNITY COLLABORATION

10. What new collaborative relationships have been developed in PMI in the past two years? [since 1996 and/or transition phase]

11. What do you see as the most successful aspects of the collaborations (community and CBOs) developed as part of PMI?

12. What were the barriers to gaining the participation of community members and/or CBOs in PMI?

13. What lessons do you think have been learned from the collaborations developed as part of PMI?

YOUTH INVOLVEMENT

14. How would you describe the contribution of youth to the PMI process'? [probe for role, specific contributions, successes and barriers]

15. What, if anything, would you have done differently in the way youth were involved in the PMI process (since the transition to implementation)?

INTERVENTION IMPLEMENTATION, EVALUATION, & SUSTAINABILITY

16. Overall, how satisfied (or dissatisfied) are you with the intervention or the way it is implemented?

16a. What have been the biggest successes in the implementation of the PMI intervention? [Probe for successes in using social marketing or behavioral science in developing and implementing the PMI intervention]

16b. What have been the biggest difficulties in the implementation of the PMI intervention? [Probe for difficulties in using social marketing or behavioral science in developing and implementing the PMI intervention]

17. Overall, how satisfied (or dissatisfied) are you with efforts to evaluate the PMI intervention?

18. What is being done to ensure that the PMI (or PMI efforts) will continue after CDC funding is discontinued?
[Probe for sustainability of: entire project, the intervention, the skills learned through PMI, and/or the concept of prevention marketing]

19. What do you think would need to be done for the local PMI (or PMI efforts) to be sustainable over the long run?

20. How has the infrastructure of each PMI site affected decisions concerning the sustainability of the program or of interventions?

(Probes)

- The lead agencies in the PMI sites.
- The staffing of the PMI sites.
- The PMI committees.
- Youth involvement in the PMI sites.

RECOMMENDATIONS AND WRAP-UP

21. If someone were developing a new PMI site, what advice would you most want to give them? [Probe for 3 or 4 recommendations]

22. What advice or recommendations would you most want to give to the national partners on how to best facilitate the PMI process?

Youth Representative

Name of Interviewer:_____

Name of Note-taker:_____

Date:_____ **Location:**_____

[Note: **When reviewing Informed Consent with this study participant, verify that s/he is age 18 or over]**

Site:_____ Code:_____

Type of affiliation:_____

Role **in PMI:**_____

ROLES& **RESPONSIBILITIES**

1. **When and how did you get involved with PMI?**
   [probe for level of involvement, i.e., regular attendance at meetings]

   1a. *If involved for a long rime,* **How has the role of young people in PMI changed over time?**
   [probe **for change since 1996 and/or transition phase]**

YOUTHINVOLVEMENT

2. **What arc some examples of the things you have been doing as part of PMI?**
   [probe **specifically for activities since 1996 and/or transition phase]**

3. **How are you involved in making decisions for the youth committee?**
   [Ask for specific examples]

4. **How is the youth committee involved in making decisions within PMI?**
   [Ask **for specific examples]**

5. **How satisfied are you with the level of involvement of young people in the PMI process?**
   [probe **for how youth could be better involved in PMI]**

6. **How would you describe your satisfaction (or dissatisfaction) with the intervention or the way it is implemented?**

7. What opportunities (if any) has your involvement in PMI brought to you in your community as a whole?

TECHNICAL ASSISTANCE & OTHER OPPORTUNITIES FOR LEARNING

8. What type of training or technical assistance have you received as part of the youth committee in the past 2 years?

   [Probe for way in which these concepts have been applied:]
   - 8a. Staying on strategy?
   - 8b. Data-based decision-making?
   - 8c. Designing effective programs for young people?
   - 8d. Evaluating whether these programs work?

9. How helpful was the training or technical assistance that has been given as part of PMI?

   - 9a. What TA has been most effective?
   - 9b. What TA was not particularly effective?
   - 9c. What TA would you have liked to receive but did not?

10. What (else) did you learn through your participation in PMI?

BARRIERS AND FACILITATORS

11. What has contributed most to good working relationships between young people and adults in PMI?

12. What have been the biggest barriers to good working relationships between young people and adults in PMI?

RECOMMENDATIONS

13. Based on your experiences so far, what do you think is the best way for young people to be involved in the PMI process?

    - 13a. What recommendations would you make for improving the recruitment and involvement of youth in the PMI intervention?

14. If someone were developing a new PMI site, what 2 or 3 pieces of advice would you most want to give them?
    [probe for advice on youth involvement]

Intervention Implementation Partners: Workshops

Name of Interviewer:_____

Name of Note-taker: _____

Date:_____ Location: _____

Site:_____ Code:_____

Type of affiliation:_____

Role in PMI:_____

The Division of HIV/AIDS Prevention at CDC has been working with the Battelle Centers for Public Health Research and Evaluation to complete a descriptive case study of the Prevention Marketing Initiative (PMI). The purpose of the case study is to document the lessons that sites have learned from the various challenges they encountered during this five-year demonstration project – including successes and recommendations for doing things differently. One activity for the case study is to interview a small number of people from each PMI site who have been involved with the implementation of a workshop or other PMI intervention targeted towards young people. As mentioned in the Confidentiality Agreement, we do not use anyone's names in our final database, or final report. We think your insights will be important, and thank you for your time.

ROLES & RESPONSIBILITIES

1. When and how did you get involved with PMI'!

2. **What** have been **your position and** responsibilities **in** PMI?

3. What has been your role in the implementation of the PMI workshops'!

   3a. Did anyone explain how the workshops fit in with the PMI program overall? [If so. what is their relationship to other PMI activities?]

4. How has your involvement in PMI influenced other aspects or activities of your job or your organization?

5. How would you describe your experience of collaborating with PMI'!

6. What kind of input did you give regarding implementation of the workshop'! Was your input sufficient'? [Why or why not?]

oa. Based on your experience with the workshop, how might you change the implementation of the workshop?

YOUTH INVOLVEMENT

7. What role have youth played in implementing the PMI workshops?

8. What strategies have been used to recruit youth for the workshops?

8a. What have been the challenges to recruiting youth?
8b. To keeping them in the program until its conclusion'?

SUSTAINABILITY

9. **What** is your opinion of the likelihood that PMI (or PMI efforts) will continue after CDC funding is discontinued'!
[what is being done to ensure sustainability'?]

10. What do you think would need to be done for the local PMI (or PMI efforts) to be sustainable over the long run'!

EVALUATION

11. What has been your involvement in efforts to evaluate PMI? [informal feedback, formal evaluation]

12. How would you describe your satisfaction (or dissatisfaction) with efforts to evaluate PMI? [probe on value of evaluation and challenges to evaluation]

RECOMMENDATIONS & WRAP-UP

13. If someone were developing a new PMI site. what advice would you give them'?

13a. What recommendations would you make on how to implement the most effective workshops'?

Intervention Implementation Partners: Media

Name of Interviewer: _____

Name of Note-taker: _____

Date: _____ Location: _____

Site: _____ Code: _____

Type of affiliation: _____

Role in PMI: _____

The Division of HIV/AIDS Prevention at CDC has been working with the Battelle Centers for Public Health Research and Evaluation to complete a descriptive case study of the Prevention Marketing Initiative (PMI). The purpose of the case study is to document the lessons that sites have learned from the various challenges they encountered during this five-year demonstration project – including successes, and recommendations for doing things differently. One activity for the case study is to interview a small number of people from each PMI site who have been involved with the implementation of a media message or other PMI intervention targeted towards young people. As mentioned in the Confidentiality Agreement, we do not use anyone's names in our final database, or final report We think your insights will be important, and thank you for your time.

ROLES & RESPONSIBILITIES

1. When and how did you get involved with PMI?

2. What have been your position and responsibilities in PMI?

3. What has been your role in the implementation of the PMI media intervention?

   3a. Did anyone explain how the media intervention fits in with the PMI program overall? [If so, what is its relationship to other PMI activities?]

4. How has your involvement in PMI influenced other aspects or activities of your job or your organization?

5. How would you describe your experience of collaborating with PMI?

6. What kind of input did you give regarding implementation of the media intervention? Was your input sufficient? [Why or why not?]

6a. Based on your experience with the media intervention, how might you change the implementation of the workshop?

YOUTH INVOLVEMENT

7. What role have youth played in implementing the PMI media intervention?

8. What strategies have been used to recruit youth audiences for the media intervention?

8a. What have been the challenges to obtaining a youth audience?

SUSTAINABILITY

9. What is your opinion of the likelihood that PMI (or PMI efforts) will continue after CDC funding is discontinued?
[what is being done to ensure sustainability?]

10. What do you think would need to be done for the local PMI (or PMI efforts) to be sustainable over the long run?

EVALUATION

(Note to Interviewer: The strategy for evaluating media interventions was not the same as it was for workshops, so responses to these questions may be highly variable.)

11. What has been your involvement in efforts to evaluate PMI?

12. How would you describe your satisfaction (or dissatisfaction) with efforts to evaluate PMI? [probe on perceived value of evaluation and challenges to evaluation]

RECOMMENDATIONS & WRAP-UP

13. If someone were developing a new PMI site, what advice would you give them?

13a. What recommendations would you make on how to implement the most effective media intervention?

National Partners – CDC (original)

Name of Interviewer:_____

Name of Note-taker:_____

Date:_____ Location:_____

. . . . . .

Respondent Code:_____

Type of affiliation:_____

Role in PMI:_____

. . . . . .

BACKGROUND AND HISTORY **OF PMI** (Historical information will also be obtained from documents including report of previous case study)

1. Originally PMI was divided into two or three major phases consisting of six or seven steps. How closely do you think the PMI process mirrored those phases and steps? How were decisions made to change them?
   [Share attachment with respondent. Focus on 2"" and 3rd Phases]

2. Looking back over the past few years, tell us how you perceive the optimal mix of community participation, social marketing, and behavioral change.

   2a. How might the emphasis on one or more component shift depending on PMI activities?
   2b. What were some of the key events in shaping your thinking?
   2c. What sorts of adjustments in the mix among these components were necessary as the process unfolded?

For Questions 3-7 focus on the period beginning with June 1996.

3. How have the roles of national partners changed over time'!

4. What about the role of the lead agencies – how has that changed?. [*Probe for difficulties and successes in the relationship between lead agencies and PMI sites, and between national partners and lead agencies.]*

5. Some sites went through considerable change in staff as they prepared to implcnrnt intcrvcntions. and others did not. What do you see as some particularly successful staffing strategies or configurations'!

5a. Which staffing strategies or configurations were not successful? Why not?

6. Aside from working with the implementation partners (which we will discuss in a few minutes), what do you think went particularly **well in collaborating with the community?** [*For 6 and* **On,** *probe for relationships with PMI volunteers and committee members, concerns around* **issues** *management and* **public** *relations]*

6a. What was particularly challenging?

7. With regard to youth involvement in the PMI sites. what would you do differently?

7a. What strategies or arrangements do you think went particularly well?

INTERVENTION IMPLEMENTATION and SUSTAINABILITY

8. What have been some of the biggest challenges in implementing interventions'?

8a. With regarding to evaluating them?

9. What have been some the greatest intervention success stories?

9a. Why do you think these interventions were so successful'?

10. How would you define sustainability?

10a. How **well do you** think **the sites have achieved this goal?** [*Probe for specific examples.]*

12. What role, **if any,** have **local** PMI interventions **played in national** intervention **efforts?**

13. How are the processes and lessons learned from PMI **and prevention** marketing being disseminated **on** a **national level?**

RECOMMENDATIONS & WRAP-UP

14. If you could only give 3 pieces of advice to a new PMI site. what would they be?

Attachment
to
National Partners - CDC

1. Planning Phase

   - Organize Local Community
   - Situation Analysis/Select Target Audience
   - Issues Management Plan
   - Audience Research/Profile Community Environment
   - Transition Plan

2. Transition (to Implcmcntation) Phase

   - Develop Implementation Plan

3. Implementation Phase

   - Implement the Intervention

National Partners – CDC (Director Level)

Name of Interviewer:_____

Name of Note-taker:_____

Date:_____ Location:_____

Respondent Code:_____

Type of affiliation:_____

Role in PMI:_____

Battelle Centers for Public Health Research and Evaluation has been working with the Division of HIV/AIDS Prevention at CDC on several evaluation activities for the Prevention Marketing Initiative. Right now, we are completing a descriptive case study of the Implementation Phase of PMI at the five local demonstration sites. An earlier case study of the Planning Phase and of the beginning of the Transition to Implementation was completed in 1996. In the earlier case study we focused almost exclusively on the perspective of PMI participants in the communities where demonstration projects are located, although national partners certainly gave important information. In this case study. while the site-based perspective is still the largest part of our study, we also want to learn more about the thoughts and opinions of scientists and stuff at CDC who have been involved with PMI. We are especially interested in what you have to say about the utility of the PM1 model for future initiatives, as well as observations about implementing and evaluating PMI at the local demonstration sites. Also, while our focus is on the time beginning with the summer of IWO. and especially with the time in which sites were implementing their interventions, your insights concerning planning a participatory social marketing intervention like PMI are welcome. That is why we are going to begin with some general questions and then move to more specific ones about the implementation of the intcrvcntions. Finally, wc will end with some questions about the future of PMI and of the applications of lessons learned from this initiative.

BACKGROUND AND HISTORY OF **PMI** (Historical information will also be obtained from documents including report of previous case study)

1. The demonstration sites were said to serve as a "laboratory" for the first application of prevention marketing to a community. What do you think was meant by this? How well do you think this concept reflects the way in which PMI was actually implemented?

2. How did PMI unfold differently than you expected it to? Why'! With what impact?

IMPLEMENTATION OF PMI INTERVENTIONS

[Questions 3-7 do not apply to all respondents]

3. Some of the roles of the various players underwent changes as the PMI sites moved towards the implementation of their intervcntions. For example, some of the national partners decreased on-site technical assistance with the intention of site-based staff taking on those responsibilities. How else have you seen the role of national partners changing'! *[The national partners are AED, Battelle, CDC, National AIDS Fund and Porter/Novelli.]*

   3a. How about changes in the roles and responsibilities of lead agencies'?
   3d. Of PMI staff'!

For each component of this question probe for changes that this person would like to have seen and reason for her opinion/observation.

4. When it came to including community members in the PMI process, what strategies or arrangements do you think went particularly well?

   4a. What would you have done differently'!
   4b. What were some of the major lessons about effectively engaging the community'?

5. When it came to including young people in the PMI process, what strategies or arrangements do you think went particularly well?

   5a. What would you have done differently'?
   5b. What were some of the major lessons about including young people?

6. Looking back at the development of the interventions, what were some of the major lessons about applying behavioral science to developing effective interventions?

   6b. What were some of the major lessons about applying social marketing theory and method to developing effective interventions'?

   6c. What were some of the major lessons about mobilizing data for developing effective interventions*?

7. What have been some of the biggest challenges in implementing interventions'!

   7a. *In* evaluating the interventions'!

8. What have been some the greatest intervention success stories?

   8a. Why do you think these interventions were so successful?

THE FUTURE OF PMI

I. How would you define sustainability?

9a. How well do you think the sites have achieved this goal? [*Probe for specific examples.*]

2. What effect, if any, have lessons learned from local PMI interventions had on national intervention efforts?

10a. How might such lessons be used in the future?

10b. How might the knowledge gained from PMI be disseminated on a national level?

RECOMMENDATIONS & WRAP-UP

11. Looking back over the past few years, tell us how you perceive the optimal mix of community participation, social marketing, and behavioral science.

11a. How might the emphasis on one or more component shift depending on the context in which the PMI approach was adopted?

11b. What were some of the key events in shaping your thinking?

12. Do you have anything else you would like to add concerning your knowledge of, or observations concerning. PM I?

National Partner - AED

Name of Inrcrvicwcr: _____

Name of Note-taker: _____

Date: _____ Location: _____

. . . . . .

Respondent Code: _____

Type of affiliation: _____

Role in PMI: _____

. . . . . .

TECHNICAL ASSISTANCE

Part of question 1 may be answered through a prior review of documents. The question may be posed in such a way that it refers to specific training activities and asks about the presence of others that were not part of a document review.

1. Please provide a general overview of the technical assistance you have provided to the PMI site(s) in:
[probe specifically for TA dclivcrcd sincc 1996 and/or transition phase]

   - Social marketing
   - Use of behavior science
   - Building community participation
   - Project administration and management
   - Youth involvement
   - Evaluation

2. Looking back over the past few years, tell us how you perceive the optimal mix of community participation. social marketing and behavioral change.

   2a. I low might the emphasis on one or more component shift depending on PMI activities'!
   2b. What were some of the key events in shaping your thinking?
   2c. What sorts of adjustments in the mix among these components were necessary [redacted] the process [redacted]

3. Describe the lessons you have learned in trying to make behavioral science and social marketing understandable to community members in the PMI process.

   3a. What have been some of the biggest successes in this process?
   3b. What have been some of the biggest difficulties in this process'?
   3c. What might you do differently now to improve the transfer of these concepts and skills to groups like those in PMI'!

4. How did contextual factors in the communities affect the process of disseminating skills such as social marketing, behavioral science, and community participation.

   (*Probes* – Examples)

   - Limited data for decision-making
   - Staff turnover
   - Local (and agency) politics
   - Health-related events
   - Slow committee process

INTERVENTION IMPLEMENTATION

5. Specific to each of the demonstration sites, what have been the biggest successes in the implementation of the intervention?

   5a. ...Biggest difficulties... ?

6. Specific to each of the demonstration sites, what have been the biggest successes **in the evaluation** of interventions?

   6a. ...Biggest difficulties. ..?

7. What kinds of relationships with implementation partners appear to work best? Why?

COLLABORATION and SUSTAINABILITY

8. How has the infrastructure of each PMI site affected decisions concerning the sustainability of the program or of interventions?

(Probes)

- The lead agencies **in the PMI sites.**
- The staffing of the PMI sites.

- The PMI committees.
- Youth involvement in the PMI sites

9. Mow has rhc community context affected the manner in which the sites are seeking to sustain their programs or interventions?

(Probes)

- Community collaboration in the PMI sites.
- The make-up of PMI committees.
- Youth involvement in the PMI sites.

RECOMMENDATIONS & WRAP-UP

10. In hindsight, what do you think could have been done differently to improve the way sites moved through the transition to implementation and the implementation of the intervention itself?

11. If a new PMI site were being developed, what 3 or 4 pieces of advice would you consider most critical for those responsible for the program?

Meeting; Observation Guide

Observer(s):_____

_____

Date:_____ Location:_____

Start time:_____ End time:_____

. . . . . .

1. Name of committee or group'?

2. What is the stated purpose of the meeting?

3. Flow many people are attending the meeting? What are the affiliations (by type) of each of the participants'!

4. Who is leading the meeting'? Why is that person leading the meeting? What is the format of the meeting (round-table, lecture, etc.)?

5 Mow are decisions being made'? (unanimous, majority rule. open vote. secret vote, etc.) Describe how diverse opinions are incorporated into decision-making.

6. Summarize the topics covered, individual perspectives, decisions made. and any variations in points of view represented.

7. Collect any hand-outs or other materials made available to participants.

Appendix B
Codebook

Appendix B: Codebook

Primary Codes:

STR = Structure : What are the structural features of the PMI demonstration sites and how have they changed since 1996?

TA = Technical Assistance : How was technical assistance delivered. perceived, utilized?

YTH = Youth : How are youth incorporated into PMI activities. including intervention implementation and evaluation?

COL = Collaboration : What has been the role of community collaboration at PMI sites during the transition to implementation, implcmcntation, and sustainability of the PMI process?

INT = Intervention : What has been the process and outcome of implementing the PMI interventions?

SUS = Sustainability : How will the PMI structure. process, and/or interventions be sustained once the demonstration project is completed?

NAT = National Perspective : What is the national perspective of the PMI process and its outcomes, and how does the perspective of national partners compare with that voiced by participants in PMI demonstration sites?

LES = Lessons Learned and Recommendations: What are the lessons learned from participation in the PMI demonstration sites and what are recommendations for improving various aspects of the program in any future sites?

STR Structure	Definition	Structural features of PMI demonstration site
	Inclusion	Use this code only when more detailed structure codes are not applicable.
	Exclusion	Do not use this code if a more detailed structure code is applicable.
STRACREP	Definition	Who is rcprcscntcd on the advisory committee and how were they rccruilctl.
	Inclusion	Use this code for statements about the people and/or organizations rcprcscntcd on the advisory committee and how they were rccruilctl.
	Exclusion	Do not use this code for descriptions of' advisory committee members' roles.
STRACROLE	Definition	Role of advisory committee member in PMI since 1996.
	Inclusion	Use this code when an advisory committee member describes his or her role in PMI since 1996.
	Exclusion	Do not usc this code for staff. lead agency pcrsonncl. or national partners.

STRACCHNG	**Definition**	Changes in the role of advisory committee member in PMI since 1996.
	Inclusion	Use this code when an advisory committee mcmhcr dcscrihcs how his or her role in PMI has changed over time.
	Exclusion	Do not use this code when an advisory committee mcmhcr is solely describing his or her role, only use when dcscrihing change.
STRSTFROLE	**Definition**	Role of site-based staff mcmhcr in PMI since 1996.
	Inclusion	Use this code when a staff member (Id agency personnel also) dcscrihcs his or her role in PMI since 1996.
	Exclusion	Do not usc this code for advisory committee members or national partners (e.g., AED).
STRSTFCHNC	**Definition**	Changes in the role of staff mcmhcrs in PMI since 1996.
	Inclusion	Usc this code when a staff mcmhcr dcscrihcs how his or her role in PMI has changed over time.
	Exclusion	Do not use this code when a staff mcmhcr is solely describing his or her role. onlv when describing change.
STRLA	**Definition**	Structure of the lead agency.
	Inclusion	Usc this code for descriptions of the organizational structure of the lead agency.
	Exclusion	Do not usc this code for the role of the lead agency or the impact or fit of PMI in the lead agency.
STRLAROLE	**Definition**	Role (and change in the role) of the lead agency in PMI since 1996.
	Inclusion	Usc this code for descriptions of the role (and change in the role) of the lead agency in PMI since 1996.
	Exclusion	Do not usc this code for descriptions of the role of individuals, only for the agency as an institution.
STRLAFIT	**Definition**	The impact of PMI on the lead agency and how PMI fit or was compatible with other lead agency activities.
	Inclusion	Usc this code for descriptions of how PMI structure and activities fit within the broader actions and goals of the lead agency and how it has impacted the lead agency.
	Exclusion	Do not use this code for descriptions of the PMI activities in the lead agency, only for how PMI activities impact, interact, fit. or conflict with non-PMI activities in the lead agency.
STRBALANCE	**Definition**	The balance between the roles and responsibilities of PMI staff and advisory committee.
	Inclusion	Usc this code for descriptions of the interaction between staff and advisory committee in the decision-making process of PMI.
	Exclusion	Do not usc this code for descriptions of the role of either staff (STRSTFROLE) or advisory committee members (STRACROLE), only for the balance between their roles.
STRYTH	**Definition**	Structure of the youth committee
	Inclusion	Usc this code for descriptions of the structure of the youth committee and it's place in the overall PMI site
	Exclusion	Do not usc this code for descriptions of how the youth committee was involved in PMI activities.
TA **Technical Assistance**	**Definition**	How technical assistance was delivered, pcrccivcd, and/or utilized.
	Inclusion	Usc this code only for statements about technical assistance that do not fall within more detailed TA codes.
	Exclusion	Do not usc this code for statements that can he coded with more detailed TA codes.

TACONTINUE	**Definition**	Success (or notj in transferring technical assistance to new participants (staff. AC members,and youth). [continuity]
	Inclusion	Use this code for statements about how new PMI participants have (or have not) received TA to update them on what happened before they began involvement.
	Exclusion	Do not use this code for statements about the value or utility of types of TA or how it was applied.
TASATIS	**Definition**	Satisfaction with and usefulness of technical assistance rcccivcd.
	Inclusion	Usc this code for statements about the respondents' satisfaction with technical assistance.
	Exclusion	Do not usc this code for descriptions of technical assistance delivered or rcccivcd or respondents' understanding of technical assistance.
TASOCMARK	**Definition**	View of the utility of social marketing
	Inclusion	Use this code for statements about the value or utility of social marketing spccificallv.
	Exclusion	Do not use this code for tlcscriptions of social marketing TA delivered or respondents' understanding of social marketing.
TABEHAVSCI	**Definition**	View of the utility of hchavioral scicncc
	Inclusion	Use this code for statements about the value or utility of behavioral scicncc specifically.
	Exclusion	Do not use this code for descriptions of behavioral science TA delivered or respondents' understanding of hchavioral scicncc.
TAAPPLY	**Definition**	Application of social markctinp and behavioral science principles to design and manage HIV prevention intcrvcntions.
	Inclusion	Usc this code for statements about how social marketing and/or hchavioral science have been or can be applied io HIV prevention interventions.
	Exclusion	Do not use this code for statements about the value or usefulness of social marketing and/or behavioral scicncc or ideas about how they could be applied in the future.
TADELIVER	**Definition**	Technical assistance delivered to PMI participants
	Inclusion	Usc this code for descriptions of technical assistance and training delivered to and/or received by PMI participants.
	Exclusion	Do not usc this code for how TA was utilized or applied, or for statements about satisfaction with TA.
YTH **Youth**	**Definition**	How youth are incorporated into PMI activities, including intervention implementation ilnd evaluation.
	Inclusion	Usc this code for general statcrncnts about youth involvement in PMI that can not be coded with one of the more detailed youth codes.
	Exclusion	Do not use this code for statements that can be coded with more detailed youth codes.
YTHINVOLVE	**Definition**	Type and length of experience of youth representative(s) with PMI.
	Inclusion	Usc this code for descriptions of how youth were/are involved in PMI planning decision-making, implementation. evaluation.
	Exclusion	Do not use this code for statements about satisfaction with. opinions about. successesof. or recommendations about youth involvement.

YTHACT	**Definition**	Activities youth have been involved in as part of PMI.
	Inclusion	Use this cotlc for descriptions of activities in which youth have been involved in relation to their participation in PMI
	Exclusion	Do not usc this code for length of time youth have been involved with PMI; direct involvement in PMI planning. decision-making, implementation, or evaluation; satisfaction with their activities: usefulness of TA: or relations with adults.
YTHSATACT	**Definition**	Satisfaction with PMI activities in which youth representatives have participated.
	Inclusion	Usc this code for statements about respondents' satisfaction with the activities in which youth have been involved.
	Exclusion	Do not use this code for statements about satisfaction with level of involvcmcnt of youth, only for youth activities.
YTHSATINV	**Definition**	Satisfaction with the level of involvement of youth representative(s) in PMI decision-making.
	Inclusion	Use this code for statements about respondents' satisfaction with the level of involvcmcnt of youth in the PMI decision-making rocess.
	Exclusion	Do not use this code for statements about satisfaction with youth activities.
YTHSATTA	**Definition**	Satisfaction with and usefulness of technical assistance received, from the youth perspective.
	Inclusion	Use this code for statements about satisfaction with and uscfulncss of the technical assistance rcccivcd.
	Exclusion	Do not use this code for descriptions of technical assistance rcceivcd.
YTHLEARN	**Definition**	What youth representatives learned from participation in PMI.
	Inclusion	Usc this code for descriptions of what youth have learned from participation in PMI (including TA rcccivcd).
	Exclusion	Do not usc this code for descriptions of satisfaction with what youth have learned from participation in PMI or TA rcceivcd.
YTHOPI'RTN	**Definition**	Opportunities PMI made possible for youth representatives.
	Inclusion	Use this code for descriptions of opportunities PMI made possible for youlh representatives, especially outside of or in addition to PMI.
	Exclusion	Do not use this code for descriptions of PMI activities in which youth have hccn involved (YTHINVOLVE).
YTHADULT	**Definition**	Adults' view of the utility of the involvement of youth.
	Inclusion	Usc this code for statements from adults about the utility or value of involving youth in PMI.
	Exclusion	Do not use this code for youth views on involvement or for adult statements about examples of youth involvcmcnt, only utility or valuc.
YTHFACIL	**Definition**	Facilitators of good relationships between youth and adults linked to PMI activities or involvement
	Inclusion	Usc this code for statements about facilitators of good relationships between youth and adults in PMI
	Exclusion	Do not usc this code for facilitators of other aspects of youth involverncnt.
YTHBARRIER	**Definition**	Barriers to good relationships between youth and adults linked io PMI activities or involvement.
	Inclusion	Usc this code for statements about barriers to good relationships between youth and adults in PMI.
	Exclusion	Do not use this cotlc for barriers to other aspects of youth involvement.

COL Collaboration	**Definition**	The role of community collaboration al PMI sites during transition 10 implementation, implementation, and sustainability phases of the PMI process.
	Inclusion	Use this code only for statements about collaboration that cannot be coded with more detailed codes.
	Exclusion	Do not usc this code when a more detailed collaboration code can be used.
COLHISTORY	**Definition**	The history of community and CBO participation in PMI.
	Inclusion	Use this code for descriptions of collaboration by community mcmhcrs and organizations who participated directly in the PMI rocess.
	Exclusion	Do not use this code for statements about the impact. effectiveness, barriers, facilitators, successes, or lessons learned in community collaboration.
COLIMPACT	**Definition**	The impact and effectiveness of PMI on building collaboration with HIV prevention groups and other organizations in the communitv as a whole.
	Inclusion	Usc this code for descriptions of the impact PMI has had on collaboration among HIV prevention groups and others such as youth or communitv organizations.
	Exclusion	Do not usc this code for descriptions of collaboration or for succcsscs. Icssons learned, facilitators, or barriers.
COLFACIL	**Definition**	Facilitators to community and CBO participation in PMI
	Inclusion	Usc this code for statements about what facilitates community and CBO collaboration in PMI.
	Exclusion	Do not usc this code for particular succcsscs or outcomes of collaborntion in PMI.
COLBARR	**Definition**	Barriers to community and CI30 participation in PMI.
	Inclusion	Use this code for statements about what are the barriers 10 communitv and CBO collaboration in PMI.
	Exclusion	Do not use this code for descriptions of collaboration or outcomes of collaboration.
INT **Interventions**	**Definition**	The process and outcomc of implementing the PMI interventions.
	Inclusion	Usc this code only when more detailed codes cannot be used.
	Exclusion	Do not use this code if a more detailed intervention code can be used.
INTINVOLVE	**Definition**	Type of involvement in PMI intcrvcntion component implementation and evaluation.
	Inclusion	Use this code for descriptions of involvement in the PMI intcrvcntion or evaluation processes.
	Exclusion	Do not use this code for statements about satisfaction with the intcrvcntion or other opinions about the intcrvcntion or evaluation.
INTSATIS	**Definition**	Satisfaction with PMI intervention/implementation
	Inclusion	Use this code for statements about satisfaction with the PMI intervention and its implementation.
	Exclusion	Do not use this code for descriptions of particular succcsscs of intcrvcntion or for statcmcnts about evaluation.
INTYOUTH	**Dednition**	Strategies and challenges of youth recruitment for the intcrvcntion.
	Inclusion	Use this code for descriptions of the strategies used to recruit youth for the intcrvcntion and for challenges to this.
	Exclusion	Do not use this code for statements about overall satisfaction with the intervention, only for youth recruitment.

INTINFLNCE	Definition	Influence of involvement in PMI on other program activities conducted by intervention implementation partners.
	Inclusion	Usc this code for statements by intervention implementation partners about how PMI has influenced other non-PMI program activities.
	Exclusion	Do not use this code for statements not related to intcrvcntion implementation pnrtncrs.
INTVALUE	**Definition**	Value of, and challenges lo, implementation partners from participating in PMI evaluation.
	Inclusion	Use this code only for statements by intcrvcntion implementation partners on how PMI evaluation has contributed positively or been a challenge.
	Exclusion	Do not use this code for statements not relating to intervention evaluation.
INTEVAL	**Detinition**	Evaluation of the PMI interventions.
	Inclusion	Usc this code for descriptions of the efforts to evaluate the PMI inlcrvcnlions.
	Exclusion	Do not use this code for lcssons learned about evaluation.
SUS **Sustainability**	**Definition**	How the PMI structure, process, and/or intcrvcntion will be sustained once the demonstration project is complctcd.
	Inclusion	Use this code only when a more dctailcd sustainability code cannot be used.
	Exclusion	Do not use this code when a more detailed sustainability code can be used.
SUSPRO JECT	**Detinition**	Projections for PMI sustainability locally.
	Inclusion	Usc this code for statements about the likelihood that any aspect of the PMI program will or will not be sustained.
	Exclusion	Do not usc this code for descriptions about specific plans to sustain the PMI intcrvcntion. only for statements about the likelihood of sustainability.
SUSPLANS	**Definition**	Plans to sustain or revise the PMI intcrvcnlion component.
	Inclusion	Usc this code for descriptions of plans to sustain or revise the PMI inlervcnlion.
	Exclusion	Do not usc this code for opinions about the likelihood of sustainability, only for tlcscriptions of specific plans.
NAT **National Partners**	**Definition**	The national perspective of the PMI process and its outcomes. end is the perspective of national partners similar to that voiced by participants in the demonstration sites.
	Inclusion	Use this code only when a more dctailcd code cannot be used.
	Exclusion	Do not use this code if a more dctailcd code can be used.
NATINPUT	**Definition**	Inputs necessary for members of community-based groups to apply social marketing and behavioral scicncc principles to design and manage HIV prevention intcrvcntions.
	Inclusion	Use this code for descriptions by national partners about what inputs from them are necessary for getting community-based groups to apply social marketing and behavioral scicncc.
	Exclusion	Do not use this code for descriptions of how community groups have applied social marketing and behavioral scicncc, only for the inputs from national partners.
LES **Lessons**	**Definition**	Successes, lcssons learned, and recommendations.
	Inclusion	Usc this code for successes, lessons learned, and recommendations only when another more specific code is not applicable.
	Exclusion	Do not usc this code when another LES code is applicable.

LESSTR	**Definition**	Lessons learned and recommendations regarding the structure of PMI demonstration sites.
	Inclusion	Use this code for all lessons learnedand recommendations relating lo PMI structure
	Exclusion	Do not use this code for lcssons lcarncd or recommendations relating to non-structure topics. such as technical assistance, youth, collaboration, intervention, or sustainability.
LESTA	**Definition**	Succcsscs. lcssons lcarncd, and rccommcndalions regarding PMI rcchnical assistance.
	Inclusion	Usc this code for statements about successes and lessons learned in rcchnical assistance (including the training in and usc of social marketing and/or behavioral science) and recommendations For improving TA.
	Exclusion	Do not use this code for descriptions of the use of, or about the value or usefulness of, technical assistance.
LESYTH	**Detinition**	Succcsscs, lessons lcarncd. and recommendations regarding youth involvement.
	Inclusion	USC this code for statements about successes and/or lcssons lcarncd regarding involvement of youth in PMI and recommendations for improving youth involvement.
	Exclusion	Do not usc this code for barriers or facilitators to relationships between adults and youth or for descriptions of satisfaction with youth involvement in PMI.
LESCOL	**Definition**	Successes, lessons learned, and recommendations regarding collaborating with other agencies/community representatives and organizations.
	Inclusion	Usc this code for descriptions of particular successes ol collaboration. lcssons lcarncd regarding collaboration, or recommendations for improving collaboration.
	Exclusion	Do no1 use this code for descriptions of overall impact or effectiveness of PMI in building HIV prevention in the community.
LESINT	**Definition**	Succcsscs. lcssons learned, and recommendations regarding the PMI intervention implementation
	Inclusion	Use this code for statements about successes and lessons learned from implementing the PMI intervention and recommendations for improving implementation
	Exclusion	Do not usc this code for general descriptions of the interventions or for satisfaction with the intervention.
LESEVAL	**Definition**	Successes, lessons learned. and recommendations regarding the PMI evaluation.
	Inclusion	Usc this code for statements about successes or lcssons lcarncd in evaluating the PMI intervention or recommendations for improving evaluation.
	Exclusion	Do not use this code for statements about the intervention itself or for descriptions of the evaluation effort.
LESSUS	**Definition**	Succcsscs. lessons lcarncd. and recommendations regarding the local future of PMIand prevention marketing.
	Inclusion	USC this code for statements about successes or lcssons lcarncd regarding PMI sustainability or for recommendations on how lo improve sustainability.
	Exclusion	Do not use this code for statements about the likelihood of sustainability or specific plans for sustainability.

LESNATTA	**Definition**	Successes and lessons learned while providing technical assistance in the science base and project administration and management to PMI sites.
	Inclusion	Use this code for statements by national partners on successes and lessons learned in providing TA.
	Exclusion	Do not use this code for statements about site staffing, collaboration, or youth involvement.
LESNATSTF	**Definition**	Successes and lessons learned with site staffing, community collaboration, PMI committees, and youth involvement.
	Inclusion	Use this code for statements by national partners on successes and lessons learned regarding site staffing, collaboration, PMI committees, and youth involvement.
	Exclusion	Do not use this code for statements about TA or use of social marketing and behavioral science.
LESRECNPT	**Definition**	Recommendations to the national partners on how to improve PMI in any future sites.
	Inclusion	Use this code for recommendations specifically for the national partners on how they could improve in a future PMI site.
	Exclusion	Do not use this code for general recommendations about PMI structure, technical assistance, youth involvement, collaboration, or implementation.
LESISSUES	**Definition**	Issues management and the presence (or lack of presence) of community resistance to PMI interventions
	Inclusion	Use this code for descriptions of any community resistance to PMI interventions, lack of resistance, opinions of why there was or was not resistance, and how issues management was (or wasn't) used in regards to community resistance.
	Exclusion	Do not use this code for statements about if TA on issues management was, or was not, delivered to PMI participants.

Appendix C
Case Study Site Summaries

Appendix C: Case Study Site Summaries

Table of Contents

Introduction

The Prevention Marketing Initiative (PMI) is an effort aimed at preventing the sexual transmission of HIV and other STDs among youth age 25 and younger. Prevention marketing is an approach that blends social marketing, community involvement, and behavioral science. The Centers for Disease Control and Prevention (CDC), along with other national partners such as the Academy for Educational Development (AED), has assisted PMI projects in Nashville, Tennessee; Newark, New Jersey; Northern Virginia; Phoenix Arizona; and Sacramento in the design, implementation, and maintenance of HIV prevention programs. During the first 3 years of PMI planning and intervention design, AED and other national partners provided frequent technical assistance (TA) to all sites concerning social marketing and behavioral science. As the sites prepared to implement the intervention, site staff took on greater responsibility for TA. At the same time, AED continued to provide focused TA. For example, TA providers supplied sites with options for workshops, and provided assistance in carrying out workshop evaluation. They also gave sites technical support in such areas as contract management.

This Appendix highlights activities of the five PMI demonstration sites during the period of time referred to as the "implementation phase," beginning in late 1996 and ending in October 1998. This is the period of time during which the demonstration sites completed the development of the interventions designed during the "planning phase" of the project, implemented them in their respective communities, and evaluated them. The summaries contained in this section are not meant to be comprehensive: rather, they are summaries of successful endeavors and key lessons at each location. For fuller details. the reader is referred to the main body of the Final Report.

Nashville PMI Site Summary

Objectives of Nashville PMI. Nashville PMI identifiod a target audience of 12-15 year old African American youths living in low-income housing. Their behavioral objectives for this audience were:[1]

- *For non-sexually active youth to delay intercourse until after high school graduation.*
- *For sexually active youth to use a condom consistently and correctly.*

Intervention Highlights. Nashville PMI developed two main interventions to carry out their behavioral objectives. One, a broad-based, media-driven intervention, was a radio soap opera, called "Reality Check." which aired on the local radio station most popular with the target audience. Situations from the radio soap opera showed characters operationalixe the two hchavioral objectives and stressed the concepts of behavior change as well as knowledge acquisition. Repetition of this idea formed the final line for every episode, "It's not just what you know. it's what you do." Nashville PMI hired an African American production company, including a head writer, to create the radio soap opera cpisodcs. The head writer developed the scripts through a writer's workshop with YAT participants. The YAT participants developed characters, situations, and language that reflected the reality of African American youth in Nashville. Feedback from the radio soap opera has been uniformly positive. Originally Nashville PMI had planned for 13 episodes, but demand was so great, that it created another I3 episodes. A second radio station also aired the episodes as part of a public health director's radio show. The first station has been broadcasting 'rc-runs' of the original cpisodcs.

The other major component of the intervention focused on small groups of youth and parents. Nashville PMI adopted the *Be Proud! Be Responsible!* curriculum.[2] PMI made two major modifications to fit in with their objectives. They added a two-hour module for parenting adults – parents, guardians, or other adults involved with mentoring teens – that included HIV/AIDS information, condom use skills, and communication skills for parents to talk with their teens.

The teen workshops were modified to include references to STDs and teen pregnancy as well as HIV/AIDS. Nashville PMI also added a one-hour module on sexual decision-making which emphasized abstinence. The workshops were conducted at community-based organizations (CBO), youth detention facilities, community centers. churchcs. and in the public schools. The seven module teen workshops.

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1 AED. *The PMI Program Model – Nashville.* 1998.

2 Jemmott, LS, Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible!* New York: Select Media. 1994.

with small groups of 10-15 teens, took place over eight hours broken down for the host organization's convenience.

Organization of Nashville PMI. The Academy for Educational Development (AED) was the Lead Agency for Nashville PMI, holding **fiduciary responsibility and** supervising staff. Nashville had three full time staff members, the program manager, the technical support specialist and the program assistant. In addition, Nashville PMI hired contractual consultants to carry out its intensive program interventions of the skills-building workshops and the radio soap opera.

The Steering Committee for Nashville PMI consisted of representatives from various community interests-including the faith community, govcrnmcnt, schools, HMOs, youth service organizations, community-based organizations (CBO), and AIDS service organizations (ASO). Members provided feedback as to community norms and gave guidance and approval on PMI's interventions. As of July 1998, the steering committce had 12 active members out of a possible IS. Three slots were reserved for youth rcprcscntatives, who served as full voting members along with the adults on the steering committee. These youth representatives were selected from a Youth Advisory Team (YAT).

The YAT provided youth guidance, feedback and participation into the PMI process. YAT mcmbcrs met once a week and were paid a $100 a month stipend for active participation. YAT participants were members of the target population of African American youth, but could range up to college age. These youth provided guidance to PMI in designing its intervention so it could most effectively reach the target group. YAT mcmbcrs also served as representatives for PMI in community forums such as health fairs and confcrenccs.

Nashville PMI had several *ad hoc* committees which aided in implementing the interventions. Examples of this included the Proposal Review committee, which evaluated the proposals for the workshop subcontractor. and the Curriculum Selection committee, which chose between several curricula for the teen workshops. Members were selected on the basis of their expertise in the task at **hand.** These *ad hoc* committees also provided ways for additional community members to become involved in PMI.

The program manager and staff provided verbal instruction and written materials to new steering committee members, consultants and subcontractors to orient them to the goals **and methods of' Nashville** PMI. Staff also provided training on social marketing to community groups to build support for the implementation of the interventions. Workshop facilitators received an intensivc 24-hour, three-day training from staff on how to conduct the skills-building workshops for youth. YAT mcmbcrs received training in a variety of topics that affected youth including HIV/AIDS prevention and human sexuality, and emphasized skills building in areas such as self-esrccm, communication, and organization.

Successes and Lessons Learned. Participants in Nashville PMI had many lessons to share from their experiences. One major lesson was that the steering committee, the staff, youth and implementation partners should be representative of the total community, but especially the target audience. This required some major changes during the period known as the "transition to implementation,"[1] such as a change in lead agency, hiring new staff, and recruitment of new advisory committee and youth members. Participants felt that this would result in greater efficacy and continuity of the program.

Participants also felt that youth involvement was an integral part of PMI's success in Nashville. Youth participants served in all aspects of planning, research, and design of the interventions. Their expertise and knowledge of their age group was essential and highly valued.

Another recommendation was that subcontractors and implementation partners be oriented to the PMI approach so that they will embrace it as their own, and use it as a guide in meeting contractual demands and agreements.

Nashville PMI was able to point to several major successes. The radio soap opera garnered a lot of media interest, which brought recognition to PMI as a force in the community. Parents encouraged their teens to attend PMI workshops and parenting adults took advantage of the parenting adult module. Nashville PMI received permission to conduct their workshop in the public schools in Nashville. Staff worked specifically and individually with schools who served their target population to implement the workshop intervention. Furthermore, Nashville was able to work with churches to hold workshops. These successes could be attributed to the intensive networking and outreach that staff members conducted to prepare the community, parents, schools, and the faith community for their intervention.

The Future of Nashville PMI. Nashville PMI will continue as a CBO in Nashville now that the demonstration period is over. The site worked with local foundations and businesses to obtain funding for its interventions. They will also expand beyond HIV/AIDS prevention in a single target population (low-income African-American teen-agers), to provide training in social marketing to other groups, and to institutionalize social marketing as a tool for behavior change in Nashville. Some of the training will be provided on a fee-for-service basis that will help to support the program. Nashville PMI has also received several grants and a contract to help develop a radio soap opera for another city. In addition, staff plan to translate the script of the radio soap opera into Spanish for use in the Hispanic population in Nashville.

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[1] For details see: Battelle CPHRE. *Pilot Case Study of a Prevention Marketing Initiative Demonstration Site: Nashville, TN* Report to CDC, March 1996

Newark PMI Site Summary

Objectives of Newark PMI. Newark PMI identified a target audience and defined behavioral goals for its interventions. The target audience was youth ages 13 to 16 living in the city of Newark. The behavioral goals were for:[1]

- *Non-sexually uctivc 13 to 16 year olds to continue to delay and to use a condom the first time they have penetrative sex.*
- *Sexually active 13 to 16 year olds who want to avoid pregnancy or are concerned about HIV to use a condom the next time they have penetrative sex with all partners.*

Intervention Highlights. PMI's intervention was called ACES or Abstinence, Condoms, Education, and Skills. The main ACES intervention component for youth was an adaptation of the He *Proud! Hp Responsible!* curriculum so that it was compatible with the findings of formative research conducted during the latter part of the PMI planning phase. This program consisted of nine l-hour sessions that were presented in various community agencies, including schools. PMI contracted coordination of these workshops to a Newark CBO that had been involved with the demonstration project since its inception. In addition, Newark PMI held parent workshops of shorter duration so that parents or other caretakers would have the same skills as their teen-agers and would also bc able to communicate with them about the material presented in the teen workshops. Parent graduates formed a Parent Support Network. PMI/ACES co-sponsored a series of community events throughout the city of Newark for two summers where youth group members were present.

Organization of Newark PMI. AED was the Lead Agency for Newark PMI. As such, it was responsible for fiscal matters, and for supervising site-based staff. The staff in place from the time known as the "transition to implementation" through the implementation of the skills building workshops and other outreach activities included a Site Director, a Technical Support Specialist, and a Program Administrator. For most of its cxistcncc, the site enjoyed the presence of an active. involved Advisory Committee, consisting of representatives from many area youth-serving agencies, CBOs, ASOs, government, and elsewhere. Meeting monthly during the first 4 years- along with subcommittee rncctings-the Advisory Committee reviewed data, lcamcd to manage issues, and helped design the intervention. In the 5th year of the project. as they focused on monitoring the intervention, the Advisory Committee met quarterly, and then on an *ad hoc* basis. Youth rcprescntativcs participated in the Advisory

[1] Battelle CPHRE. *Descriptive Case Study of a Prevention Marketing Initiative Demonstration Site: Newark, NJ*. Report to CDC, September 1996.

Committee starring with the third year of PMI. These representatives were selected from an active PMI Youth Group which had about 12 core members, from ages 13 to 22.

Workshop facilitators received training from designated trainers for the *Be Proud! Be Responsible!*[1] curriculum. AED worked with evaluation coordinators for the youth workshops. Youth group members continued receiving information and skills-building sessions during their regular meetings, and those who became facilitators attended the two-day train the trainer sessions.

Successes and Lessons Learned. Newark PMI learned a great deal from the PMI process. One lesson that participants shared was that young pcoplc arc integral to all phases of the project. Incorporating young people who may bc considered "at risk" for HIV and STDs required a great deal of work. though, and PMI staff often found themselves assisting youth group members with such concerns as finding a job. or even serious personal crises. This assistance was greatly appreciated by young pcoplc and commented on favorably by adults.

Newark PMI was successful in consulting youth on all aspects of PMI including the adaptations made to the core curriculum for the project, *Be Proud! Be Responsible!* They also developed the acronym ACES and an attractive logo, a design reminiscent of playing cards. Young pcoplc participated in bi-weekly meetings, along with periodic outreach activities (especially during the summer) that helped to get the PMI/ACES name and message into the community. They received a stipend of $100 month for this service. Youth were always well-supplied with attractive promotional items carrying the ACES logo when attending community events. At the age of 18, PMI youth group members were eligible to become workshop facilitators.

Another lesson was that, when approached individually, schools were willing to participate in PMI. The workshop facilitators did not distribute condoms, but were able to conduct condom demonstrations along with student practice on models, as they do in all settings. Parent workshops and Parent Network were considered very successful - parents enjoyed participating and were eager to improve their communication skills.

Staff were given high marks by adults and young people alike. PMI would have benefited from more full-time staff. This **would** have enabled them to reach more sectors of the community, and would have cased the amount of work associated with the youth workshops including the evaluation, and distribution of incentives.

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[1] Jemmott, LS. Jemmott, JB III. McCaffree, KA. *Be Proud! Be Responsible!* New York: Select Media. 1994.

A strength of Newark PMI was its role as a clearinghouse for HIV-related information. especially the data it collected during the planning phase and subsequently updated. PMI also provided a forum in which people from numerous agencies could work together non-competitively.

The Future of Newark PMI. Newark PMI did not wish to continue as a separate CBO or ASO. citing numerous such agencies already in the community. It sought to sustain its components through working with implementation partners who expressed in interest in presenting workshops in the future, and through the capacity it built in staff, community members. and young people. A lesson may bc that the knowledge that PMI would not continue may have drained some focus from the project in final months. A success was that a number of participants -- including young people - went on to positions that built on skills learned while with PMI.

Northern Virginia PMI Site Summary

Objectives of Northern Virginia PMI. Northern Virginia PMI identified a target audience and defined behavioral goals for its interventions during its first three years. Its target audience was African-American youth ages 15 to 19 living in the Northern Virginia area. The behavioral goals' were:

- *"Help non-sexually active 15-19 year old African Americans to delay the onset of intercourse."*
- *"Help sexually active 15-19 year old African Americans to use a condom correctly and consistently with all partners."*

Intervention Highlights. The Northern Virginia PMI site had four components to their intervention: Training, Community Outreach, Media Relations, and Advertising. The main intervention component was intensive training of teens using the *Be Proud! Be Responsible!* skills-building curriculum. Workshops were held in local CBOs and youth detention facilities. Extensive community outreach events also supported the intervention. Examples of this included a community forum entitled "Reaching African American Teens: Solutions to the HIV/AIDS and STD Crisis" to educate and inform local CBOs with access to youth about the risk of HIV/AIDS in Northern Virginia and the services that PMI offered. PMI had booths at local health fairs and festivals.

Another popular outreach intervention was a six-week scholarship contest, where teens submitted poetry and posters about HIV prevention using concepts they had learned through participation in the teen workshops. The media relations component generated coverage of the PMI scholarship program in both print and broadcast media. An advertising component supported all of these efforts, with ads featured on the radio stations most popular with the target audience, public service announcements on local cable access channels, and movie theatre ads giving teens information on how to contact PMI. Those ads generated over 100 requests for information.

In part due to the broad region, and the geographic dispersion of African Americans in Northern Virginia, the intervention reached many young people outside the target group. Teen-agers within the target age range were included in interventions. For evaluation purposes, responses to the workshop evaluation by non-African Americans are being analyzed separately.

Organization of Northern Virginia PMI. From late 1997 through early 1998, Northern Virginia PMI underwent several changes prompted by a need to better represent the community from which the target group would be drawn. African-American teen-agers. Northern Virginia PMI underwent

[1] AED. *The PMI Program Model – Northern Virginia.* 1998.

a transition in 1997 from a planning board to an advisory board. This new advisory board consisted largely of African-American community leaders. As of July 1998, there were 11 active members. Five slots were open for youth rcprescntativcs: however, at that time no youth served on the board. Advisory board members had a variety of organizational affiliations including community-based organizations, schools. the Health Department, government, and AIDS organizations.

The contract changed hands from the Northern Virginia Planning District Commission to Campbell and Company, an African-American owned for-profit public relations firm. New staff led and conducted the PMI program. The company director, who also served as the site director, was familiar with PMI through her tenure at one of the national partners (Porter/Novelli), and later served on the PMI planning committee. Therefore, this company was seen as a good fit for the implementation phase of PMI. Other staff who worked on PMI include a project director, a project associate. and a public relations assistant.

The new staff had background in social marketing and behavioral science, thereby easing the transition to a new lead agency. In addition: TA providers from AED maintained frequent contact with the site director and staff orienting them to the goals of PMI, the research that had been done in the planning phase, and the evaluation component. The new advisory board members were also given an overview of these concepts by AED. Additional training to PMI staff included guidance on mechanisms for subcontracting, staffing, and the processes and approvals necessary for managing a government contract. Other TA to the site came from a representative of the *Be Proud! Be Responsible!*[1] curriculum who trained the workshop trainers and the youth board on how to facilitate the teen workshops.

One casualty of the changes in Northern Virginia was the demise of its active youth board. A large cohort of youth who had been with the project from its early stages graduated from high school. Also. the site no longer had a youth coordinator and did not offer stipends. However. youth members had played an integral part in the transition from the previous board, including an active role on the new advisory board. and serving as spokespersons for PMI in the larger community. Some members from the original youth board continued to provide input to Northern Virginia PMI. and one member worked as a summer staff person.

Successes and Lessons Learned. Northern Virginia PMI respondents had many lessons to share from their experiences. Challenges to completing PMI included a change in the lead agency and advisory board at the time when implementation was about to begin; a site spread over a geographic region rather than one political entity; and a small target population with African Americans comprising only nine

[1] Jemmott, LS. Jemmot. JB III, McCaffree, KA. *Be Proud! Be Responsible! New* York: Select Media. 1994.

percent of the region. Respondents felt that these obstacles might be mitigated by choosing a lead agency, staff. and advisory board more representative of the target population, and who had a greater undcrsranding of how to access African-American youth in Northern Virginia. In the transition from the planning board to the advisory board, close attention was paid to finding more representative participants. In addition. interventions in Northern Virginia found innovative ways of recruiting the small target population through their social activities- such as the ads in movie theaters and outreach with community and recreational organizations they frequent.

A further lesson learned came from the experience of running PMI within a for-profit lead agency. A plus was that the staff were knowledgeable about prevention marketing and well-situated within the community. However, the logistics of setting up PMI required that it function almost as a parallel company within the lead agency with some staff members solely dedicated to PMI. Staff felt that a more flexible structure would be to set up PMI as a program within an existing CBO, so that staff and resources could be shared between the lead agency and the CBO.

The major successes of Northern Virginia PMI were the creative outreach efforts to the African-American community, raising awareness of the severity of the risk of HIV/AIDS among African-American teens in Northern Virginia. Participants felt that PMI was one of the few programs in the area targeting this group of teenagers and that the community had appreciated their efforts. Another successful aspect was to use targeted community events to reach hundreds of parents wirh informational pamphlets and information about PMI. Another notable success was rhe response of teens and CBOs to the training. One CBO felt that PMI was the best external program brought into the facility, and the response of teens to rhe workshops has been uniformly positive.

The Future of Northern Virginia PMI. The lead agency had no plans to sustain Northern Virginia PMI as a separate entity, however it planned to keep components of PMI as part of its overall activities. As of July 1998, the PMI advisory board was still interested in sustaining the program and was actively seeking funding from several sources.

Phoenix PMI Site Summary

Objectives of Phoenix PMI. During its first three years, Phoenix PMI identified a target audience and defined behavioral goals for its interventions. I'hc target audience was youth ages16 to19 living in I2 Phoenix-area zip codes. The behavioral goal was:'

- *"Help sexually active 16-19 year olds who have used condoms at least once and who intend to use condoms to use them consistently with steady or familiar partners."*

Intervention Highlights. There were three interacting components to Phoenix PMI's intervention: skills-building workshops, outreach, and media and collateral materials. The media and collateral materials tied the other program components together by promoting the behavior change message of Phoenix PMI while advertising the workshops. Young people who went through the workshops could later sign up to bc trained to do outreach, or even to facilitate workshops. The interacting nature of the multiple intervention components served to promote the YouthCARE name among youth and the community as a whole and to get young people involved in spreading the message of safe sex. The name YouthCare reflected focus group findings that using a condom shows you care about your future and your partner's future.

The Phoenix PMI skills-building workshops were a modified version of the *Be Proud! Be Responsible!* curriculum', adjusted to reflect the input of Youth Committee (YC) members on how to better reach teenagers in Phoenix. Community organizations that hosted the workshops were paid $200 to recruit 10- I5 teenagers per workshop, provide the location, and provide a meal for participants. Workshops were facilitated by an adult and a teen together, trained and paid by PMI staff. Evaluation surveys of workshop participants were done on a voluntary basis, with the incentive of a $15 gift certificate to a music store.

Organization of Phoenix PMI. The initial lead agency for Phoenix PMI was the Arizona AIDS Foundation (AAF). Empact became the lend agency in April, 1997 when AAF closed its doors. Empact SPC, a behavioral health organization that provides crisis intervention, counseling, prevention. and aftercare services throughout the county in which Phoenix is located, contributed experience in community mobilization for prevention and connections with youth-serving organizations. Empact handled staffing, payroll. supplies, and fiscal management for PMI. Phoenix PMI had two full-time staff members. the site director and workshop coordinator, and one part-time staff member, the outreach

[1] AED. *The PMI Program Model – Phoenix.* 1998.

coordinator. In addition, an employee of Empact spent part time coordinating public relations and marketing for PMI and writing grants for sustainability of the program. Phoenix PMI also hired workshop facilitators, including some of the YC members.

The Advisory Committee (AC) for Phoenix PMI consisted of representatives of charter high schools, the county health department, a Latino community based organization (CBO), youth serving organizations, the religious community, AIDS services organizations, and county and state government. The role of the AC transitioned from one of planning and design of the intervention to one of advice and consent on the implementation of the intervention in the community.

The YC was started in 1996 and was directly involved in choosing the YouthCARE logo, colors, and design, as well as contributing ideas and text for handout materials such as pamphlets, rave cards, t-shirts, key chains. temporary tattoos, condom packs, and a 'zine.' YC members also helped design posters, radio ads, and billboards. They were the first to go through the intervention workshop and contributed opinions on how to improve the curriculum to be better targeted to teens. Some YC members were then trained to become workshop facilitators. YC members were also the first to be trained to do outreach, which they now do at health fairs, concerts, raves, and on streets popular with area youth. In late fall, 1997, the YC meetings were folded into the AC meetings. and youth then regularly attended the full AC monthly meetings.

Phoenix PMI staff delivered training to workshop facilitators and to youth who wanted to do outreach. Most of the youth who received outreach training became interested in PMI because they had been through a workshop. They then went through a two-day outreach training: the first day consisted of 3-4 hours of general HIV/AIDS information and how to talk to peers about sex and other uncomfortable subjects. After the first day, they were required to conduct six peer surveys with friends. Then they returned a week later for a debriefing and a 1½-hour training on the details of PMI outreach.

Successes and Lessons Learned. Participants in Phoenix PMI learned a number of lessons. One primary lesson was the importance of gaining community support for a project that is potentially controversial. This approach was facilitated by a range of community representatives who could both contribute their perspective on the acceptability of the PMI messages and act as spokespeople in the community to promote the program. PMI participants believed that to gain the participation of these community organizations and individuals, there must be clear incentives for participation. beyond solely altruistic ones. They believe that it is helpful to understand the different roles that agencies have in the community that may affect their motivation in participating in an effort like PMI. An organizational

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[1] Jemmott, LS, Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible!* New York: Select Media. 1994.

mission to help youth, technical assistance in social marketing or workshop facilitation, or monetary payments to cash-strapped CBOs were cited as possible motives for participation.

The two greatest successes expressed by PMI participants in Phoenix were (1) the use of social marketing and behavioral science to create a very well integrated and targeted intervention campaign that is truly appealing to the young people it is designed to reach; and (2) youth involvement. Youth contributed to the design of the intervention and collateral materials, they were trained to facilitate workshops and conduct outreach, and they were trained to serve as spokespeople for the YouthCARE program.

The Future of Phoenix PMI. The late change in lead agency and site director left Phoenix PMI with little time to launch the program before funding ended. This limited the time available for searching for ways to sustain the project. Nevertheless, the workshop component of the Phoenix PMI will be continued, at least in some form, by a local university's health center and a local Latino CBO. In addition, PMI will receive annual grant funding for the next three years, which may provide some support for continuing the media components of the program.

Sacramento PMI Site Summary

Objectives of Sacramento PMI. During its first three years, Sacramento PMI identified a target audience and a behavioral objective[1] for its interventions:

- Help sexually active youth ages 14 to 18 who use condoms inconsistently to use condoms consistently and correctly with all partners and in all situations (such as unplanned sex).

Intervention Highlights. In Sacramento, the PMI intervention was called Teens Stopping AIDS. The key components of the intervention included:

- *Skills Workshops* – six-hour workshops that emphasized skills-building using a locally-adapted version of the Be *Proud! Be Responsible!?* curriculum
- *Mass and Print Media* – radio spots, bus sides, posters, handbills, and packets
- *Information Line* – an anonymous 800 number that provided information to teens and parents
- *Outreach* – YAC members conducted outreach at popular teen venues where they talked to teens about HIV prevention and distributed packets: condom packets, delay packets, and information packets.

Organization of Sacramento PMI. United Way served as the initial lead agency in Sacramento. The Community Services Planning Council (CSPC) became the lead agency in February 1997. The CSPC is a local agency with a history of involvement in HIV prevention and planning whose functions include the incubation of new programs. As lead agency, CSPC was responsible for fiscal matters and for project and staff oversight. During the implementation phase, PMI was staffed by a Program Director, a Research and Youth Coordinator, a Marketing Director, and a Project Assistant. Strong community involvement provided local support to project staff throughout the planning, transition, and implementation phases of the project. Community involvement took several forms:

- *PMI Community Council* – A strong and active Council, with representatives from a variety of AIDS, health, education, and youth organizations, met monthly throughout the project's history. During the implementation phase, the Council served as the "eyes and the ears" of the community, providing input on implementation and ideas for sustaining the program's activities after project funding ends.
- *Youth Advisory Committee (YAC)* – YAC met twice monthly to provide advice, conduct audience research, and create and review program materials. YAC members were involved in every aspect of program design and were important players in implementation as well. They conducted outreach at teen venues and distributed condom packs.
- *Implementation Partners* – Local organizations contracted with PMI to implement the skills workshops portion of the intervention.

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1 AED. *The PMI Program Model – Sacramento.* 1998.

2 Jemmott, LS. Jemmott, JB III, McCaffree, KA. *Be Proud! Be Responsible!* New York: Select Media, 1994.

- **Review.** *Panels* – **A community review panel. comprised of** 5 **community** representatives **who did not serve on** the **Council,** reviewed **all** materials **with an eye towards community** acceptance. In **addition. two** alternative **youth groups reviewed all** materials **prior to** implementation **from the** perspective **of non-involved youth.**

Sacramento PMI leveraged the **services of a local firm to provide training to its community council on** evaluation **design. Youth received training to** help **them** be prepared **to** present **thcmsclvcs and** PMI to the **media. They also** received **training on workshop facilitation.** Several **youth were able to attend** a **youth** conference **on how to involve youth in HIV prevention through performing arts.** *Lights, Camera, Prevention* got rave **reviews from the youth who attended.**

Successes and Lessons Learned. Sacramento **PMI succccdcd in building community capacity for HIV planning, sustaining** the **involvement of community and youth** members **in planning and** implementing **the** intervention, **and in providing** teens **with condom and information packets and opportunities to** increase **skills** related **to condom use and HIV prevention.** Sacramento PMI **also** succeeded **in** reaching **large** numbers **of** teens **and parents with HIV messages and information: it** received **about I SO calls per month on the information line and distributed approximately 32,000 condoms in** the **four months preceding our August** 1998 **visit. Through these** efforts, **staff** learned a great deal **about what it takes to be successful, lessons that** they hoped **to bc able to continue to impart in Sacramento and throughout California after funding for** PMI **ended. A few key lessons regarding building community capacity and involving youth are described below.**

Building community capacity – **Social marketing and** behavioral science became **part of the local lexicon in the prevention community. Sacramento** PMI's **success in building community capacity was** due **in** large **part to** the **commitment of staff to approaching** PMI **as a truly** collaborative **venture.** They **did this hy providing a meeting forum that encouraged sharing of** knowledge **and** activities, **by supporting members in their community endeavors just as** volunteers supported PMI, **and by providing food and fun activities at** every meeting. They **also found that having consistent meeting times, well-organized** mcetinps, **and active contact with members before and after each** meeting encouraged regular **attendance and involvement. The provision of technical** assistance **and training was another key** element **to its success.** PMI **served as** a resource **in** the **community for information and for building skills in** prevention **marketing that participants could apply in their other endeavors.**

Involving youth – **Youth were** actively **involved in Sacramento PMI** since **its inception. Successful recruitment of youth** relied **on other organizations in the community, word of mouth and, during the implementation** phase, **the workshops. Youth involvement was** facilitated **by** PMI **staff who could** relate **to** teens, **who** made **involvement fun. and who invested in teens true** decision **making power. Providing transportation and food were other** key ingredients **to teen participation.** The teens **who got**

involved were committed to making a difference and were rewarded by a program that provided them with training and mcntoring, and with the opportunity to see their ideas and feedback manifested in the project design and implementation. Sacramento PMI staff also learned that youth who were not involved with PMI could be important reviewers of program materials, especially as the youth who were involved become increasingly sophisticated. Finally, they found that using near-peers (college age students) to help facilitate workshops was a successful way to bridge the gap bctwccn teens and adult facilitators.

The Future of Sacramento PMI. The staff and Community Council of Sacramento PMI actively sought support to sustain or even broaden the program as project funding was coming to an end. There was considerable interest and commitment in the community in sustaining the phone line and continuing the workshops. However. the value of the program lies not only in the individual pieces but also in how they are integrated to form a strong, complementary whole. Therefore, finding support to sustain all of the major elements of the intervention was a priority. In the last weeks of funding. Sacramento PMI received word that funding was awarded to Sacramento County by the State of California to continue all three elements for a period of three years. In addition, training of potential workshop facilitators from surrounding areas is planned. Efforts are also underway to see if the program can be broadened to provide technical assistance to other prevention efforts and to other communities in the state.

Conclusion

The purpose of these brief summaries was to present the highlights of the final two years for each of the PMI local demonstration sites. These highlights and associated lessons include:

- All five sites successfully implemented an intervention aimed at the target audience selected during the planning phase of PMI, and focusing on the behavioral objectives cited. At the same time, young people outside the target group were not kept from receiving the intervention.
- Young people made important contributions to the PMI interventions. Staff were needed to maintain youth involvement, and stipends for the youth were certainly useful.
- Involving young people who experienced many of the same life challenges as the target population required a great deal of staff involvement. This was a trade-off with other activities, but it was appreciated by the young people and other members of the community.
- it was important to involve members who could represent the community from which the target population could be drawn as soon as possible. One way of anticipating this need would hc to have broad-based community involvement from the beginning of the process. It was fine to invite new members later, but it was detrimental to reconfigure the lead agency, staff. and much of the advisory group all at the same time.
- While on-site technical assistance by a national partner decreased during the final two years of PMI, it was more focused. Also, site staff delivered a variety of training with some moving into the community to provide workshops on social marketing for a fee.
- Interventions tended to consist of integrated components such that workshops, media components and community outreach complemented each other.
- The interventions were successfully launched from a variety of sites. For example, one site was led by a for-profit social advertising firm, while others were led by AED or by a local agency. A recommendation, though, was to organize PMI through an existing CBO.
- All five sites needed to change the lead agency and most of them experienced substantial changes in staffing and in the advisory committees. The pattern across all five sites varied such that it is difficult to say which type of pattern is most predictive of a site continuing intact after demonstration funding. Certainly, dedicated leadership is essential. Even so, a site may decide to not sustain itself for reasons that reach beyond PMI. such as a community context with many competing CBOs and ASOs. In such a situation, the decision to sustain prevention marketing through knowledge dissemination and technology transfer only may make the most sense.

The highlights shared in this appendix focus on successes and critical Icssons. Much more was learned through PMI which wc believe will influence HIV prevention activities and public health promotion involving community participation for years to come. These lessons are discussed in further detail in the body of this report.

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